

October 6, 2025 - 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=QzdFVjA1b0lKa1lSUFkKbUNrUUxtdz09>

Meeting ID: 897 5355 5435

Passcode: 974088

One tap mobile

+13462487799, US (Houston)

+14086380968, US (San Jose)

Dial by your location

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Meeting ID: 897 5355 5435

Passcode: 974088

Find your local number: <https://us02web.zoom.us/j/89753555435?pwd=QzdFVjA1b0lKa1lSUFkKbUNrUUxtdz09>

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, Chair**
- B) **Roll Call, Declaration of a Quorum - Lesli Smith, City Clerk; Joyce G. Calvert, Chair**
- C) **EMS Report- Brian Cook, Director of Operations, Mercy Regional EMS**
 - 1) EMS Report
- 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 September 2, 2025, meeting.
- 2) To approve the purchase orders receiving report and payment claims as of 9/29/2025 totaling \$38,070.98.

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 October 3, 2025, at 11:30 a.m.

Signed: Lesli Smith
City Clerk



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: October 2, 2025

Ref: EMS Report August 26, 2025 – September 30, 2025

We logged 201 calls for service during this period. The new CAD still doesn't have the reports built.

143 patients were treated and transported.

41 patients refused transport.

16 cancelled prior to arrival.

1 DOA.

During October we will be attending a touch-the-truck event being held by a teacher at the School. We will also bring in an off-duty crew and ambulance for the Spooktacular event at Black-Gold Park. We also sponsored the Spooktacular event.

Brian Cook,
Chief Operating Officer

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



To Oklahoma & You™

Dir 1 251 7

9559X0C.004 BNCF:0008741



24-Hour
 Automated
 Account Information

1-877-602-2262

2 *0008741
 GLENPOOL AREA EMERGENCY MEDICAL
 SERVICE DISTRICT
 12205 S YUKON AVE
 GLENPOOL OK 74033-6635

PAGE 1

ACCOUNT NUMBER	[REDACTED]
STATEMENT DATE	8/29/25

*Get your kicks and
a classic rate!*

**NEW | USED
REFINANCE**

Loans offered with approved credit.
 Refinance available on non-BancFirst
 loans. Model year limits may apply.

MEMBER
FDIC

ACCOUNT ANALYSIS

Beginning Balance	8/01/25	340,888.68	
Deposits / Misc Credits	1	1,464.08	
Withdrawals / Misc Debits	7	32,670.77	
** Ending Balance	8/31/25	309,681.99	**

Service Charge		.00	
Enclosures		7	

DEPOSITS								
Date	Deposits	Withdrawals	Activity Description					
8/12	1,464.08		TULSA COUNTY/REMIT					
CHECKS								
* indicates skip in check numbers								
Date	Check No.	Amount	Date	Check No.	Amount	Date	Check No.	Amount
8/11	2264	208.33	8/11	2267	208.33	8/13	2269	13.50
8/13	2265	15,000.00	8/08	2268	208.33	8/14	2270	1,308.00
8/08	2266	15,724.28						
DAILY BALANCE SUMMARY								
Date	Balance		Date	Balance		Date	Balance	
8/08	324,956.07		8/12	326,003.49		8/14	309,681.99	
8/11	324,539.41		8/13	310,989.99				



Statement Date: 8/29/25

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

GLENPOOL AREA EMERGENCY 01/93 BancFirst 002264
 MEDICAL SERVICE DISTRICT Glenpool, Oklahoma 39-9631030
 12205 S. YUKON AVE. PH. 918-322-5409
 GLENPOOL, OK 74033-6635

PAY --- TWO HUNDRED EIGHT & 33/100 DOLLARS --- DATE CHECK AMOUNT
 07/08/2025 \$*****208.33

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

BY: *Wol Smith*
 AUTHORIZED SIGNATURES

#002264# #103003632#

Number: 2264 Date: 8/11/2025 Amount: \$208.33

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

GLENPOOL AREA EMERGENCY 01/93 BancFirst 002265
 MEDICAL SERVICE DISTRICT Glenpool, Oklahoma 39-9631030
 12205 S. YUKON AVE. PH. 918-322-5409
 GLENPOOL, OK 74033-6635

PAY --- FIFTEEN THOUSAND & 00/100 DOLLARS --- DATE CHECK AMOUNT
 08/05/2025 \$*****15,000.00

TO THE ORDER OF
 ** CENTURION HEALTH SYSTEMS, DBA MERCY REGIONAL
 MERCY REGIONAL OKLAHOMA
 9106 W GARNETT RD
 OKASSO, OK 74055

BY: *Wol Smith*
 AUTHORIZED SIGNATURES

#002265# #103003632#

Number: 2265 Date: 8/13/2025 Amount: \$15000.00

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

GLENPOOL AREA EMERGENCY 01/93 BancFirst 002266
 MEDICAL SERVICE DISTRICT Glenpool, Oklahoma 39-9631030
 12205 S. YUKON AVE. PH. 918-322-5409
 GLENPOOL, OK 74033-6635

PAY --- FIFTEEN THOUSAND SEVEN HUNDRED TWENTY FOUR & 8/100 DOLLAR CHECK AMOUNT
 08/05/2025 \$*****15,724.28

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

BY: *Wol Smith*
 AUTHORIZED SIGNATURES

#002266# #103003632#

Number: 2266 Date: 8/8/2025 Amount: \$15724.28

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

GLENPOOL AREA EMERGENCY 01/93 BancFirst 002267
 MEDICAL SERVICE DISTRICT Glenpool, Oklahoma 39-9631030
 12205 S. YUKON AVE. PH. 918-322-5409
 GLENPOOL, OK 74033-6635

PAY --- TWO HUNDRED EIGHT & 33/100 DOLLARS --- DATE CHECK AMOUNT
 08/05/2025 \$*****208.33

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

BY: *Wol Smith*
 AUTHORIZED SIGNATURES

#002267# #103003632#

Number: 2267 Date: 8/11/2025 Amount: \$208.33

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

GLENPOOL AREA EMERGENCY 01/93 BancFirst 002268
 MEDICAL SERVICE DISTRICT Glenpool, Oklahoma 39-9631030
 12205 S. YUKON AVE. PH. 918-322-5409
 GLENPOOL, OK 74033-6635

PAY --- TWO HUNDRED EIGHT & 33/100 DOLLARS --- DATE CHECK AMOUNT
 08/05/2025 \$*****208.33

TO THE ORDER OF
 ** LESLIE SMITH **

BY: *John Brannon*
 AUTHORIZED SIGNATURES

#002268# #103003632#

Number: 2268 Date: 8/8/2025 Amount: \$208.33

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

GLENPOOL AREA EMERGENCY 01/93 BancFirst 002269
 MEDICAL SERVICE DISTRICT Glenpool, Oklahoma 39-9631030
 12205 S. YUKON AVE. PH. 918-322-5409
 GLENPOOL, OK 74033-6635

PAY --- THIRTEEN & 50/100 DOLLARS --- DATE CHECK AMOUNT
 08/05/2025 \$*****13.50

TO THE ORDER OF
 ** TULSA BEACON **
 SUITE 180
 6705 E 81ST STREET
 TULSA, OK 74133

BY: *Wol Smith*
 AUTHORIZED SIGNATURES

#002269# #103003632#

Number: 2269 Date: 8/13/2025 Amount: \$13.50

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

GLENPOOL AREA EMERGENCY 01/93 BancFirst 002270
 MEDICAL SERVICE DISTRICT Glenpool, Oklahoma 39-9631030
 12205 S. YUKON AVE. PH. 918-322-5409
 GLENPOOL, OK 74033-6635

PAY --- ONE THOUSAND THREE HUNDRED EIGHT & 00/100 DOLLARS --- DATE CHECK AMOUNT
 08/08/2025 \$*****1,308.00

TO THE ORDER OF
 ** IMS, INC. **
 SUITE A
 12311 S. 74TH E. AVE.
 BIXBY, OK 74008

BY: *John Brannon*
 AUTHORIZED SIGNATURES

#002270# #103003632#

Number: 2270 Date: 8/14/2025 Amount: \$1308.00



PERIOD: 8/01/2025 - 8/31/2025

ACCOUNT: 31-1001 GEMS CASH IN BANK

RECONCILIATION SUMMARY

BEGINNING STATEMENT BALANCE:	340,888.68	GL ACCOUNT BALANCE:	309,681.99
DEPOSITS:	+ 1,464.08	OUTSTANDING DEPOSITS:	- 0.00
WITHDRAWALS:	+ 32,670.77CR	OUTSTANDING CHECKS:	- 0.00
ADJUSTMENTS:	+ <u>0.00</u>	ADJUSTMENTS:	+ <u>0.00</u>
ENDING STATEMENT BALANCE:	309,681.99	ADJUSTED GL ACCOUNT BALANCE:	309,681.99

STATEMENT BALANCE:	309,681.99
BANK DIFFERENCE:	0.00
G/L DIFFERENCE:	0.00

CLEARED DEPOSITS:

8/12/2025	AUG GEMS TAX DEP FROM TC	<u>1,464.08</u>
TOTAL CLEARED DEPOSITS:		1,464.08
		=====

CLEARED CHECKS:

7/08/2025	002264	JOSHUA M. BRANNON	208.33CR
8/05/2025	002265	CENTURION HEALTH SYSTEMS, DBA M	15,000.00CR
8/05/2025	002266	CITY OF GLENPOOL - GEMS	15,724.28CR
8/05/2025	002267	JOSHUA M. BRANNON	208.33CR
8/05/2025	002268	LESLI SMITH	208.33CR
8/05/2025	002269	TULSA BEACON	13.50CR
8/08/2025	002270	IMS, INC.	<u>1,308.00CR</u>
TOTAL CLEARED CHECKS:			32,670.77CR
			=====

CLEARED OTHER:

No Items.

31 -GEMS

ACCOUNT #	ACCOUNT DESCRIPTION	BALANCE	
ASSETS			
=====			
31-1001	GEMS CASH IN BANK	309,681.99	
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>338,116.05</u>
TOTAL ASSETS			<u>338,116.05</u>
=====			
LIABILITIES			
=====			
31-2001	ACCOUNTS PAYABLE	0.00	
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>0.00</u>
EQUITY			
=====			
31-3001	FUND BALANCE	334,818.20	
	TOTAL BEGINNING EQUITY	334,818.20	
TOTAL REVENUE		2,575.32	
TOTAL EXPENSES		47,462.44	
(WILL CLOSE TO FUND BAL.)		<u>48,184.97</u>	
TOTAL REVENUE OVER/(UNDER) EXPENSES		3,297.85	
TOTAL EQUITY & REV. OVER/(UNDER) EXP.			<u>338,116.05</u>
TOTAL LIABILITIES, EQUITY & REV.OVER/(UNDER) EXP.			<u>338,116.05</u>
=====			

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

31 -GEMS
 FINANCIAL SUMMARY

% OF YEAR COMPLETED: 16.67

	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	437,896.00	1,464.08	0.00	2,575.32	0.00	435,320.68	0.59
TOTAL REVENUES	437,896.00	1,464.08	0.00	2,575.32	0.00	435,320.68	0.59
	=====	=====	=====	=====	=====	=====	=====
<u>EXPENDITURE SUMMARY</u>							
GEMS	437,896.00	32,462.44	0.00	47,462.44	33,283.52	357,150.04	18.44
TOTAL EXPENDITURES	437,896.00	32,462.44	0.00	47,462.44	33,283.52	357,150.04	18.44
	=====	=====	=====	=====	=====	=====	=====
REVENUE OVER/ (UNDER) EXPENDITURES	0.00	(30,998.36)	0.00	(44,887.12)	(33,283.52)	0.00	0.00

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

31 -GEMS

% OF YEAR COMPLETED: 16.67

REVENUES	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
NON-DEPARTMENTAL							
=====							
<u>TAXES</u>							
31-5-00-5006 TAXES	<u>417,157.00</u>	<u>1,464.08</u>	<u>0.00</u>	<u>2,575.32</u>	<u>0.00</u>	<u>414,581.68</u>	<u>0.62</u>
TOTAL TAXES	417,157.00	1,464.08	0.00	2,575.32	0.00	414,581.68	0.62
<u>INVESTMENT INCOME</u>							
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
<u>OTHER FINANCING SOURCES</u>							
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	<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 NON-DEPARTMENTAL	437,896.00	1,464.08	0.00	2,575.32	0.00	435,320.68	0.59
=====							
** TOTAL REVENUES **	437,896.00	1,464.08	0.00	2,575.32	0.00	435,320.68	0.59
=====							

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

31 -GEMS

% OF YEAR COMPLETED: 16.67

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	<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 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	1,321.50	0.00	1,321.50	0.00	4,178.50	24.03
31-6-01-6206 MINOR EQUIPMENT	<u>2,500.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>2,500.00</u>	<u>0.00</u>
TOTAL SUPPLIES	8,000.00	1,321.50	0.00	1,321.50	0.00	6,678.50	16.52
<u>OTHER CHARGES & SERVICES</u>							
31-6-01-6210 AMBULANCE CONTRACT	180,000.00	15,000.00	0.00	30,000.00	15,000.00	135,000.00	25.00
31-6-01-6225 FIRST RESPONDER/ADMIN FEES	203,678.00	15,724.28	0.00	15,724.28	17,234.36	170,719.36	16.18
31-6-01-6235 CONTRACT SERVICES	13,800.00	416.66	0.00	416.66	1,049.16	12,334.18	10.62
31-6-01-6236 AUDIT FEES	25,918.00	0.00	0.00	0.00	0.00	25,918.00	0.00
31-6-01-6254 MISC SERVICES & CHARGES	<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 OTHER CHARGES & SERVICES	423,396.00	31,140.94	0.00	46,140.94	33,283.52	343,971.54	18.76
<u>TRAVEL & TRAINING</u>							
31-6-01-6262 TRAVEL AND TRAINING	<u>6,500.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>6,500.00</u>	<u>0.00</u>
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	<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 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	<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 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	<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 OTHER FINANCING USES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<hr/>							
TOTAL GEMS	437,896.00	32,462.44	0.00	47,462.44	33,283.52	357,150.04	18.44
<hr/>							
TOTAL EXPENDITURES	437,896.00	32,462.44	0.00	47,462.44	33,283.52	357,150.04	18.44
=====							
REVENUE OVER/(UNDER) EXPENDITURES	0.00	(30,998.36)	0.00	(44,887.12)	(33,283.52)	78,170.64	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		0.8%	0.6%	0.5%	0.8%	0.8%	0.7%
October		1.0%	1.0%	1.4%	1.2%	1.0%	1.1%
November		1.2%	1.3%	1.5%	1.3%	1.2%	1.2%
December		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 August 31, 2025 GEMS received 0.6% of tax revenue originally budgeted.
In other words, \$2,575.32 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

2-EZ Stabilizers	Exp. Date:	02 May 2027	Exp. Date:	02 May 2027
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2-45mm 15g IO Needle Set	Exp. Date:	30 November 2027	Exp. Date:	30 April 2027
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2-25mm 15g IO Needle Set	Exp. Date:	31 October 2027	Exp. Date:	31 May 2026
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1-IV Bag	Exp. Date:	01 December 2025
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1 Pressure Bag

AIRWAY COMPARTMENT

1-2.5 ET Tube	Exp. Date:	01 December 2027	1-7.0 ET Tube	Exp. Date:	21 January 2027
1-3.0 ET Tube	Exp. Date:	04 December 2025	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:	04 December 2025
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: 01 August 2025

MEDICINE COMPARTMENT

1-Glucagon Kit 1mg	Exp. Date:	01 December 2026	
1-50% Dextrose	Exp. Date:	03 March 2027	
2 - Epinephrine Injection 1mg/mL	Exp. Date:	30 September 2025	Exp. Date: 30 September 2025
2 - 18g Filter Needles	Exp. Date:	14 June 2028	Exp. Date: 25 November 2028
2 - 23g Eclipse Needle	Exp. Date:	31 March 2025	Exp. Date: 31 March 2025
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: 31 December 2025
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:	29 November 2025	
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 January 2025"/> | Exp.: | <input type="text" value="09 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





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
 - 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:	01 October 2027	Exp. Date:	05 May 2026
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:	27 October 2025	Exp. Date:	27 October 2027
4-Saline Flushes	{ Exp. Date:	01 April 2026	Exp. Date:	27 March 2026
	{ Exp. Date:	14 March 2027	Exp. Date:	05 June 2027
2-IV Start Kits		<input checked="" type="checkbox"/>		
2-EZ Stabilizers	Exp. Date:	02 May 2027	Exp. Date:	21 September 2026
2-45mm 15g IO Needle Set	Exp. Date:	30 June 2026	Exp. Date:	30 June 2026
2-25mm 15g IO Needle Set	Exp. Date:	31 May 2026	Exp. Date:	30 September 2026
1-IV Bag	Exp. Date:	31 March 2027		
1 Pressure Bag		<input checked="" type="checkbox"/>		

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:	04 December 2025	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:	04 December 2025
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 April 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:	04 December 2025			

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 2026	Exp. Date: 31 March 2026
2 - 18/20g Hypo. Needle	Exp. Date:	09 November 2025	Exp. Date: 09 November 2025
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% Lidocane 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:	30 September 2025	
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 December 2025	
1 - Roll Med Tape	<input checked="" type="checkbox"/>		

LIFEPAK MONITOR

Pedi AED Pads	Exp. Date:	22 December 2026	NC Capno	<input checked="" type="checkbox"/>
Child/ Adult AED Pads	Exp. Date:	22 December 2026	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:	30 September 2025	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)

- | | | | |
|-------|--------------------------------------------|-----------|--------------------------------------------|
| Seal: | <input type="text" value="357"/> | New Seal: | <input type="text" value="320"/> |
| Exp.: | <input type="text" value="31 March 2027"/> | Exp.: | <input type="text" value="31 March 2027"/> |
- 2 IV bags
- 2 IV/IO drop admin sets
-

Center Pocket

- | | | | |
|-------|-----------------------------------------------|-----------|----------------------------------------------|
| Seal: | <input type="text"/> | New Seal: | <input type="text" value="811"/> |
| Exp.: | <input type="text" value="09 November 2026"/> | Exp.: | <input type="text" value="09 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
- 1- OB Kit
- Exp.:
-

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





MINUTES
GEMS Meeting
Tuesday, September 2, 2025 Council Chambers 6:00 PM

TRUSTEES PRESENT: Joyce Calvert
Chris Brobst
Shayne Buchanan
Jacqueline Triplett-Lund

TRUSTEES ABSENT: Tim Fox

STAFF PRESENT: David Tillotson
Lesli Smith
Lea Ann Reed
Joe Wuest
Joshua Brannon

STAFF ABSENT:

- A) Call to Order - Joyce G. Calvert, Chair**
Chair Calvert called the meeting to order at 6:29 p.m.

- B) Roll Call, Declaration of Quorum – Lesli Smith, Clerk; Joyce G. Calvert, Chair**
Lesli Smith called the roll; Chair Calvert declared a quorum present. Jana Burk, Attorney, of Rosenstein, Fist & Ringold, were also in attendance.

- C) EMS Report - Brian Cook, Director of Operations, Mercy Regional EMS**
Director Cook reported that staff is continuing to work with the new software company to provide the Board with reporting capabilities. He noted that 123 calls for service were answered during the period, a full-time fleet manager has been hired, and an ambulance is now being staffed at all home high school football games.

- D) District Administrator Report**
There was no official Administrator report.

- E) Trustee Comments**
Chair Calvert did not provide an official Trustee report but expressed appreciation to Mercy Regional for serving as a top sponsor of the Black Gold Days Celebration.

F) Public Comments

There were no 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 August 18, 2025, special meeting.
- 2) To approve the purchase orders receiving report and payment claims as of 8/26/2025 totaling \$33,283.52

Moved by Shayne Buchanan, seconded by Jacqueline Triplett-Lund

To approve the consent agenda.

	For	Against	Abstained	Absent
Joyce Calvert	x			
Chris Brobst	x			
Shayne Buchanan	x			
Jacqueline Triplett-Lund	x			
Tim Fox				x
	4	0	0	1

CARRIED.

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

There were no items 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 6:32 p.m.

To: Honorable Chair and GEMS District Board Members

From: Josh Brannon, Finance Director

Meeting Date: October 6, 2025

Department/Office: Finance

Item Name: Approval of Purchase Orders Receiving Report and Payment Claims as of 9/29/2025 totaling \$38,070.98.

Summary:

Approval of Purchase Orders Receiving Report and Payment Claims as of 9/29/2025 totaling \$38,070.98.

Recommended Action:

Staff recommends a motion to accept the PO Receipt Register report dated 9/29/2025 and approve the following payments:

PO #	Account	Vendor	Description	Inv#	Amount
26-22596	31-6-01-6210	Centurion Health Systems	Ambulance Service Oct 2025	3421	\$15,000.00
26-22597	31-6-01-6225	City of Glenpool	1st Responder Sep 2025	SEP2025	\$17,002.04
26-22601	31-6-01-6235	Joshua Brannon	District Treasurer	JB92025	\$208.33
26-22600	31-6-01-6235	Lesli Smith	District Clerk	LS92025	\$208.33
26-22599	31-6-01-6235	Rosenstein, Fist & Ringold PC	Legal Services	170253	\$30.50
26-22598	31-6-01-6235	Stryker Medical Division	Likepak Maintenance Agreement	11177751	\$3,877.70
26-22534	31-6-01-6202	Tulsa Beacon	Legal Publication	24518	\$252.79
26-22533	31-6-01-6202	Tulsa County Assessor	Annual Visual Inspection Fees	10014273	\$1,491.29
				Total	\$38,070.98

Budget:

Attachments:

1. GEMS Packet 10-06-2025

VENDOR NAME	INVOICE	POST DATE	BANK	INVOICE AMOUNT	VENDOR TOTAL
31-000004 CENTURION HEALTH SYSTEMS, DBA M	3421	9/30/2025	31	15,000.00	15,000.00
31-000005 CITY OF GLENPOOL - GEMS	SEP2025	9/30/2025	31	17,002.04	17,002.04
31-000033 JOSHUA M. BRANNON	JB92025	9/30/2025	31	208.33	208.33
31-000032 LESLI SMITH	LS92025	9/30/2025	31	208.33	208.33
31-000027 ROSENSTEIN, FIST & RINGOLD, INC	170253	9/30/2025	31	30.50	30.50
31-000015 STRYKER MEDICAL DIVISION	11177751	9/30/2025	31	3,877.70	3,877.70
31-000019 TULSA BEACON	24518	9/30/2025	31	252.79	252.79
31-000012 TULSA COUNTY ASSESSOR	10014273	9/30/2025	31	1,491.29	1,491.29
TOTALS				38,070.98	38,070.98

APPROVED

BY

 Joyce G. Calvert, Oct. 6, 2025

PURCHASE ORDER CLAIM REGISTER
 SUMMARY REPORT

PURCHASE ORDER	DESCRIPTION	VENDOR #	VENDOR NAME	DATE INVOICE	AMOUNT
DEPARTMENT: 01 - NON-DEPARTMENTAL					
26-22596	MERCY REGIONAL OCT 2025	31-000004	CENTURION HEALTH SYSTEMS, DBA	9/2025 3421	15,000.00
26-22597	GEMS FIRST RESPONDER SEPT	31-000005	CITY OF GLENPOOL - GEMS	9/2025 SEP2025	17,002.04
26-22533	Annual Visual Inspection	31-000012	TULSA COUNTY ASSESSOR	9/2025 10014273	1,491.29
26-22598	LIFEPAK DEFIB MAINT. STRY	31-000015	STRYKER MEDICAL DIVISION	9/2025 11177751	3,877.70
26-22534	Publication of Est of Nee	31-000019	TULSA BEACON	9/2025 24518	252.79
26-22599	GEMS RFR LGL INV. 170253	31-000027	ROSENSTEIN, FIST & RINGOLD, IN	9/2025 170253	30.50
26-22600	GEMS DIST SEC L. SMITH	31-000032	LESLI SMITH	9/2025 LS92025	208.33
26-22601	GEMS DIST TREA J. BRANNON	31-000033	JOSHUA M. BRANNON	9/2025 JB92025	208.33
DEPARTMENT TOTAL:					38,070.98
FUND TOTAL:					38,070.98
GRAND TOTAL:					38,070.98

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 # 26-22596 09/29/2025

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.

09/29/2025

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN
ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT
THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF
SAID APPROPRIATION. 09/29/2025

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, MERCY REGIONAL OCT 2025, INVOICE NO. 3421, MERCY REGIONAL OCT 2025, 00040430, 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.

Req# 0004 0430

Mercy Regional Oklahoma

P.O. Box 2398
Owasso, OK 74055

Invoice

Date	Invoice #
9/11/2025	3421

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 October 2025	15,000.00	15,000.00

<table border="1"> <tr> <td>Phone #</td> <td>Fax #</td> </tr> <tr> <td>9186095829</td> <td>918-609-5799</td> </tr> </table>		Phone #	Fax #	9186095829	918-609-5799	Total	\$15,000.00
Phone #	Fax #						
9186095829	918-609-5799						

Phone #	Fax #
9186095829	918-609-5799

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

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 26-22597

09/29/2025

ISSUED TO: VENDOR #: 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.

09/29/2025

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION. 09/29/2025

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS FIRST RESPONDER SEPT 25 GEMS FIRST RESPONDER SEPT 25		00040538	31 -6-01-6225		0.00	17,002.04 *

** TOTAL ** 17,002.04

*** 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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THE VENDOR SHALL FURNISH ITEMIZED INVOICE WHICH STATES THE VENDOR'S NAME AND ADDRESS. A CLEAR DESCRIPTION OF EACH ITEM PURCHASED ITS PRICE, THE NUMBER OR 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: SEP2025

Invoice Date: 9/29/2025

Due Date: 10/22/2025

P.O. # :

TREASURER
 GEMS-
 12205 S YUKON AVE
 GLENPOOL OK 74033

ITEM	DESCRIPTION	UNITS	TYPE	PRICE	AMOUNT
1ST	RESP REIMB 8/22/25-9/22/25	N/A	MONTH	N/A	17,002.04
8/22/2025-9/22/2025					
*****THANK YOU*****				TOTAL DUE	\$17,002.04

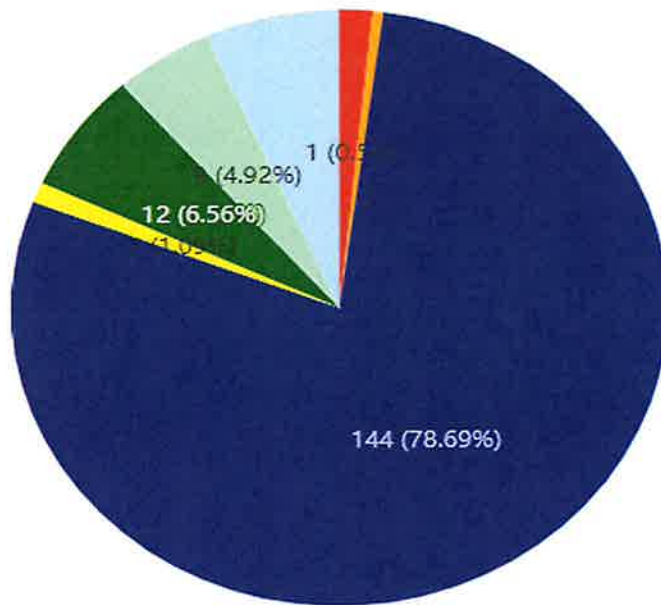
Reg# 00040538

Glenpool Fire Department Operations September 2025

8/22/25-9/22/25

GEMS		
Run Type	# of Calls	Totals Calls
EMS Runs	144	183
Fire Runs	39	
Overlapping	45	

Total (183)



Incident Type Series

- 3 1 - Fire
- 1 2 - Overpressure Rupture, Explosion, Overheat(no fire)
- 144 3 - Rescue & Emergency Medical Service Incident
- 2 4 - Hazardous Condition (No Fire)
- 12 5 - Service Call
- 9 6 - Good Intent Call
- 12 7 - False Alarm & False Call
- 183

GEMS ADMIN/FIRST RESPONDER REIMBURSEMENTS

8/22/2025 - 9/22/2025

TOTAL RUNS	183
EMR RUNS	144
FIRE RUNS	39
EMR RATIO	78.69%
RUN RATE	\$116.16
ADMIN	\$275.00
OVERTIME	\$0.00

TOTAL	\$ 17,002.04
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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 # 26-22601 09/29/2025

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.

09/29/2025

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN
ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT
THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF
SAID APPROPRIATION. 09/29/2025

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS DIST TREA J. BRANNON GEMS DIST TREA J. BRANNON		00040536	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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VOLUME OF EACH ITEM, ITS TOTAL PRICE, THE TOTAL OF THE PURCHASE, AND DATE OF THE PURCHASE.

Reg # 000 40534

INVOICE

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

INVOICE #: JB92025
DATE: 10/1/2025

BILL 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 SEPTEMBER 2025	\$208.33

Total **\$208.33**

If you have any questions concerning this invoice, Joshua Brannon / 918-209-4628 / Email:
Jbrannon@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 # 26-22600

09/29/2025

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.

09/29/2025

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

09/29/2025

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS DIST SEC L. SMITH GEMS DIST SEC L. SMITH		00040537	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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INVOICE

Reg# 00040537

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

INVOICE #: LS92025
DATE: 10/1/2025

BILL 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	
SEPTEMBER 2025	\$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 # 26-22599

09/29/2025

ISSUED TO: VEND #: 31-000027
ROSENSTEIN, FIST & RINGOLD,
SUITE 700
525 SOUTH MAIN STREET
TULSA, OK 74103-4508

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

09/29/2025

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SAID APPROPRIATION. 09/29/2025

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS RFR LGL INV. 170253 GEMS INVO 170253 GEMS RFR LGL INV. 170253		00040446	31 -6-01-6235	GEN	0.00	30.50 *

** TOTAL **

30.50

*** APPROVAL FOR PURCHASE ***

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

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DATE

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Reg # 00040446

Rosenstein, Fist & Ringold

525 S. Main, Suite 700

Tulsa, OK 74103-4508

Telephone No. (918) 585-9211

Facsimile No. (918) 583-5617

Internet Web Site - www.rfrlaw.com

September 12, 2025

Invoice No.: 170253

Glenpool Emergency Medical Svc

acheloha@cityofglenpool.com

Regarding: General

Our File No.: 301908 - 0001

Total fees for professional services rendered through:	
August 31, 2025	\$30.50

Total expense advances made to your account through:	
August 31, 2025	\$0.00

Total Amount Due This Invoice	\$30.50
-------------------------------------	---------

To ensure proper credit to your account, please include this invoice number on your check.

Federal Tax ID: 73-0787744

Rosenstein, Fist & Ringold
 525 S. Main, Suite 700
 Tulsa, OK 74103-4508

Telephone No. (918) 585-9211
 Facsimile No. (918) 583-5617
 Internet Web Site - www.rflaw.com

Invoice Number: 170253
 Invoice Date: 09/12/2025
 Activity Billed Through: 08/31/2025
 Billing Attorney Initials: EDW

Glenpool Emergency Medical Svc
 acheloha@cityofglenpool.com

Regarding: General

Our File No.:

301908 - 0001

For professional services rendered:

08/13/2025 EDW 238 Review agenda for special meeting of GEMS board, and prepare email to L. Smith regarding same.

Hours

0.10

Fees

30.50

Total professional services:

\$30.50

For expenses advanced or incurred:

Total expenses advanced:

\$0.00

Total billed this invoice:

\$30.50

Account Summary:

Unpaid balance forward as of invoice date:

\$0.00

Total billed this invoice:

30.50

Please pay this amount:

\$30.50

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 # 26-22598

09/29/2025

ISSUED TO: VEND #: 31-000015
STRYKER MEDICAL DIVISION
P.O. BOX 93308
CHICAGO, IL 60673-3308

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

09/29/2025

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION. 09/29/2025

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	LIFEPAK DEFIB MAINT. STRYKER LIFEPAK DEFIB MAINT. STRYKER		00040535	31 -6-01-6235		0.00	3,877.70 *

** TOTAL ** 3,877.70

*** 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 AN 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# 00040535

31-6-01-0235

PREVENTATIVE MAINTENANCE

Quote Number: 11177751

Version: 1

Prepared For: GLENPOOL FIRE DEPT

Attn:

Rep:

Blake Slavonic

Email:

Blake.Slavonic@stryker.com

Phone Number:

GPO: CUSTOMER CONTRACT

Quote Date: 09/10/2025

SMR Service Rep Name:

Tim King

SMR Service Rep Email:

tim.king@stryker.com

Expiration Date: 10/09/2025

Contract Start: 09/10/2025

Contract End: 09/09/2026

Delivery Address		Sold To - Shipping		Bill To Account	
Name:	GLENPOOL FIRE DEPT	Name:	GLENPOOL FIRE DEPT	Name:	GLENPOOL FIRE DEPT
Account #:	20039302	Account #:	20039302	Account #:	20039302
Address:	14536 S ELWOOD AVE	Address:	14536 S ELWOOD AVE	Address:	14536 S ELWOOD AVE
	GLENPOOL		GLENPOOL		GLENPOOL
	Oklahoma 74033		Oklahoma 74033		Oklahoma 74033

ProCare Products:

#	Product	Description	Months	Qty	Discount %	Sell Price	Total
1.0	LIFEPAK-FLD-PROCARE	PROCARE-SVC-LIFEPAK-FIELD-REPAIR	12	2	15.0%	\$1,938.85	\$3,877.70
ProCare Total:							\$3,877.70

Price Totals:

Authorized Customer Signer (Printed) Date

Stryker Authorized Signature (Printed) Date



PREVENTATIVE MAINTENANCE

Quote Number: 11177751

Version: 1

Prepared For: GLENPOOL FIRE DEPT
Attn:

Rep: Blake Slavonic
Email: Blake.Slavonic@stryker.com
Phone Number:

GPO: CUSTOMER CONTRACT

Quote Date: 09/10/2025

SMR Service Rep Name:

SMR Service Rep Email:

Expiration Date: 10/09/2025

Contract Start: 09/10/2025

Contract End: 09/09/2026

Authorized Customer Signature Date

Stryker Authorized Signature Date

Purchase Order Number

Service Terms and Conditions:

The Terms and Conditions of this quote and any subsequent purchase order of the Customer are governed by the Terms and Conditions located at www.stryker.com/stnc. The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are parties to a Master Service Agreement. The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are parties to a written agreement governing the purchase/sale of goods and/or services.

Equipment Service Plan

Line Item #	Model	ProCare Materials	Serial #
1.0	99577-001957	PROCARE-SVC-LIFEPAK-FIELD-REPAIR	45886339
1.0	99577-001957	PROCARE-SVC-LIFEPAK-FIELD-REPAIR	45886287

Purchase Order Form



Account Manager _____
 Cell Phone _____

Purchase Order Date _____
 Expected Delivery Date _____
 Stryker Quote Number _____

Check box if Billing same as Shipping

BILL TO	CUSTOMER #
Billing Account Num	
Company Name	
Contact or Department	
Street Address	
Add'l Address Line	
City, ST ZIP	
Phone	

SHIP TO	CUSTOMER #
Shipping Account Num	
Company Name	
Contact or Department	
Street Address	
Add'l Address Line	
City, ST ZIP	
Phone	

Authorized Customer Initials _____

Authorized Customer Initials _____

DESCRIPTION	QTY	TOTAL
REFERENCE QUOTE <input type="text"/>	<input type="text"/>	<input type="text"/>

Accounts Payable Contact Information

Name _____
 Email _____
 Phone _____

Stryker Terms and Conditions
www.stryker.com/stnc

Authorized Customer Signature

Printed Name _____
 Title _____
 Signature _____
 Date _____

Attachment Stryker Quote Number

*Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services on the Stryker Quote.

LIFEPAK® 15 service

Stryker has been notified by our global parts providers that some components used on certain LIFEPAK 15 monitor/defibrillator models (Part Numbers beginning with V15-2) are no longer available in the market. Service on the LIFEPAK 15 with Part Number beginning with v15-5 or v15-7 is unaffected.

Stryker will continue to offer service support for this subset of the LIFEPAK 15 as follows:

- All service parts with available inventory can be purchased by our end users
- Transactional service (time and material) is available for non-contract customers
 - o If a component has failed on your device, your local Sales Representative should be contacted for support
- Contractual service
 - o Stryker will continue to offer contractual service on a yearly basis only
 - o Preventive maintenance will continue to be done on devices less than eight (8) years old. After this point, we will cease to conduct preventative maintenance and shift to device inspections
 - o If a component fails on your device, please contact your local Sales Representative for support. A pro-rated credit for any pre-paid service will be provided should a unit become non-serviceable due to part availability

It is important to note that the LIFEPAK 15 has an expected life of eight (8) years from the date of manufacture. If you are uncertain of the manufacture date of your products, please contact your local Sales Representative for a full fleet assessment.

We want to ensure the highest quality products and services for our customers. As such, it is important to know that Stryker is the only FDA-approved service provider for our products. We do not contract with third party service providers, nor will we be providing them with any additional parts for these repairs. As such, we cannot guarantee the safety and efficacy of any device that is repaired by a third-party service agency.

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 # 26-22534

09/18/2025

ISSUED TO: VEND #: 31-000019

TULSA BEACON
SUITE 180
6705 E 81ST STREET
TULSA, OK 74133

SHIP TO:

CITY HALL
12205 S YUKON AVE
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

09/18/2025

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

09/18/2025

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, Publication of Est of Needs, 00040406, 31 -6-01-6202, 0.00, 252.79 *

** TOTAL ** 252.79

*** 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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TULSA BEACON

6705 E 81ST ST, SUITE 180
TULSA, OK 74133
USA

71-6-01-6202

REQ # 00040406

INVOICE

Invoice Number: 24518
Invoice Date: 8/28/25
Page: 1

Duplicate

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

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

Customer ID: GEMS

Customer PO	Payment Terms	Sales Rep ID	Due Date
	Net 30 Days		9/27/25

Description	Amount
GLENPOOL EMERGENCY MEDICAL SERVICE GEMS - ESTIMATE OF NEEDS PUBLISHED ON AUGUST 28, 2025	252.79

Subtotal	252.79
Sales Tax	
Total Invoice Amount	252.79
Payment/Credit Applied	
TOTAL	252.79

Check/Credit Memo N:

Affidavit of Publication

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

See notice attached on Page 2 & 3

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

1st Insertion August 28, 2025

GEMS - Estimate of Needs

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

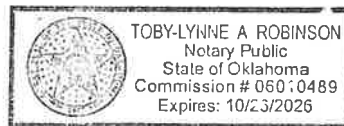
Publication Fee \$ 252.79

Susan E Biggs
Editor, Publisher or Authorized Agent

SUBSCRIBED and sworn to before me this 28 day of Aug, 2025.

Toby Lynne A Robinson
Notary Public

My commission expires: 8-26, 2026



GLENPOOL EMERGENCY MEDICAL SERVICE BOARD PUBLICATION SHEET - TULSA COUNTY, OKLAHOMA
 FINANCIAL STATEMENT OF THE VARIOUS FUNDS FOR THE FISCAL YEAR ENDING JUNE 30, 2025, AND ESTIMATE OF NEEDS
 FOR THE FISCAL YEAR ENDING JUNE 30, 2026, OF THE EMERGENCY MEDICAL SERVICE BOARD OF
 TULSA COUNTY, OKLAHOMA

EXHIBIT "Z"

	SINKING FUND
** If line 12 is less than line 16 after omitting "h" deduct the following each in turn from line 4. "Total Liquid Assets".	\$ -
13d. j. Unmatured Coupons Due 4-1-2026	\$ -
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 forgoing estimate for current expenses for the fiscal year beginning July 1, 2025, and ending June 30, 2026, 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 ration of the revenue derived from the same sources during the preceding fiscal year.

Jayme L. Colwell Member
Matthew R. [Signature] Member
 _____ Member
[Signature] Member
 _____ Member
[Signature] Member
 _____ Attest
[Signature] County Clerk Seal



Subscribed and sworn to before me this 19th day of August, 2025.
Mandy E Brungardt 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.

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 # 26-22533 09/18/2025

ISSUED TO: VEND #: 31-000012
TULSA COUNTY ASSESSOR
JOHN A. WRIGHT, AAS
218 W. 6TH ST., 5TH FLOOR
TULSA, OK 74119

SHIP TO:
CITY HALL
12205 S YUKON AVE
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

09/18/2025

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN
ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT
THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF
SAID APPROPRIATION. 09/18/2025

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	Annual Visual Inspection Fees Annual Visual Inspection Fees		00040417	31 -6-01-6202		0.00	1,491.29 *

** TOTAL ** 1,491.29

*** 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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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.
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VOLUME OF EACH ITEM, ITS TOTAL PRICE, THE TOTAL OF THE PURCHASE, AND DATE OF THE PURCHASE.

Tulsa County Assessor's Office
 Tulsa County Headquarters
 218 W. 6th Street, 5th Floor
 Tulsa, OK 74119
<https://www.tulsacounty.org>
 kfrisbie@tulsacounty.org



31-6-01-6202

REQ #00040417

STATEMENT

Date	Invoice Number
08/29/2025	10014273
Payment Terms	Due Date
Net EOY	12/31/2025

Bill To:
City Of Glenpool 12205 S. Yukon Ave. Glenpool, OK 74033

Remit To:
Tulsa County Assessor's Office Tulsa County Headquarters 218 W. 6th Street, 5th Floor Tulsa, OK 74119

			Customer ID
			24054
Quantity	Sales Item	Item Description	Amount Due
1	Visual Inspection Fees	Net Share: 0.04283005%	1,491.29

Please Put Invoice Number on your check. Make Checks Payable to: Tulsa County	Amount Due	USD 1,491.29
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