County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Ambulance
BOARD MEETING DATE: 08/22/2014
DATE SUBMITTED: 08/12/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER 0000341 INVOICE DATE 08/05/2014 VENDOR NAME Memorial Hosp of Carbondale Pharmacy FUND LINE 11 5221 01 MEDICAL EQUIPMENT/SUPPLIES	DESCRIPTION Replacement of Narcotics(6)	16.60
	INVOICE NUMBER INVOICE DATE VENDOR NAME Bound Tree Medical, LLC FUND LINE 11 5221 01 MEDICAL EQUIPMENT/SUPPLIES	DESCRIPTION Inv 81504193 $28.17 Inv 81508062 $6.42 Inv 81509448 $1959.62 Inv 81513227 $136.99 Medical Supplies	2,131.20
	INVOICE NUMBER 983012201 INVOICE DATE 08/07/2014 VENDOR NAME Moore Medical FUND LINE 11 5221 01 MEDICAL EQUIPMENT/SUPPLIES	DESCRIPTION Medical Supplies	232.95
	INVOICE NUMBER 65702; 65920 INVOICE DATE VENDOR NAME Personal Medical Equipment FUND LINE 11 5221 01 MEDICAL EQUIPMENT/SUPPLIES	DESCRIPTION Oxygen	102.00
	INVOICE NUMBER 721544 INVOICE DATE 07/31/2014 VENDOR NAME McBride MACK Sales & Serivce, INC FUND LINE 11 5204 01 MAINTENANCE	DESCRIPTION 5U12 Air Compressor Repair/Parts	1,427.82
	INVOICE NUMBER 121212 INVOICE DATE 07/25/2014 VENDOR NAME Wright Brothers FUND LINE 11 5204 01 MAINTENANCE	DESCRIPTION 5U11 Rear Box Repair/Paint	290.00
	INVOICE NUMBER 79432 INVOICE DATE 07/24/2014 VENDOR NAME Coad Ford FUND LINE 11 5204 01 MAINTENANCE	DESCRIPTION Part for Exhaust	20.00
	INVOICE NUMBER 000469849 INVOICE DATE 08/05/2014 VENDOR NAME Uniform House FUND LINE 11 5207 01 UNIFORMS	DESCRIPTION (3) pairs of Uniform Pants	170.00
	INVOICE NUMBER CG10074-IN INVOICE DATE 07/31/2014 VENDOR NAME Office Ally FUND LINE 11 5220 01 SUPPLIES	DESCRIPTION July 2014 Clearinghouse billing fee	19.95
	INVOICE NUMBER INVOICE DATE VENDOR NAME Illinois State Ambulance Association FUND LINE [Select a Fund Line]	DESCRIPTION 2014 ISAA Annual Conference Registration Fee	175.00
	INVOICE NUMBER INVOICE DATE VENDOR NAME VOID FUND LINE [Select a Fund Line]	DESCRIPTION	
	INVOICE NUMBER INVOICE DATE VENDOR NAME VOID FUND LINE [Select a Fund Line]	DESCRIPTION	
		TOTAL	$ 4,585.52

Consent given by the County Board

Official/Department Head Signature

Unless noted by circling an item on this form, board consent implies approval of all individual requests.

8/6/2014

INTER-DEPARTMENTAL INVOICE

MHC PHARMACY DEPT
405 WEST JACKSON STREET
CARBONDALE IL

ANTIONETTE WHITE EXT.65464
618-529-0512
000-000-0000

Invoice Number 0000341
Invoice Date: 08/05/14
Department#:28

BILL TO UNION COUNTY AMBULANCE
ATT: ACCOUNTS PAYABLE
301 W MISSISSIPPI STREET
JONESBORO, IL 62952
Contact: UNION COUNTY AMBULANCE
618-833-6542

SHIP TO UNION COUNTY AMBULANCE
ATT: ACCOUNTS PAYABLE
301 W MISSISSIPPI STREET
JONESBORO, IL 62952
Contact: UNION COUNTY AMBULANCE
618-833-6542

Item #	User#	Description		Strength	Qty Ord	Qty Shp	Price	Amount
740175		LORAZEPAM 2 MG-ML CJ 10X1 ML S	10X1ML	2 MG/ML	4.00	4.00	$3.0500	$12.20
185926		MORPHINE SULF PF 4MG/ML CJ LL	10X1ML	4 MG/ML	2.00	2.00	$2.2000	$4.40

SEND PAYMENT TO:
Mem Hosp Of Carbondale, Pharmacy Dept. #10370
405 W. Jackson Street
Carbondale, IL 62901
Attn: Antionette White, Inventory Manager
618-549-0721 Ext. 65464
PLEASE WRITE PHARMACY DEPT.#10370 on check . thank you

SubTotal:	$16.60
Tax:	$0.00
Grand Total:	$16.60

INTER-DEPARTMENTAL INVOICE
PLEASE DO NOT PAY
INTER-DEPARTMENTAL ACCOUNT TRANSFER

Authorized by: _____ Received by: _____

ECHO®
An AmerisourceBergen Solution

BoundTree medical

Making Precious Minutes Count...™

Correspondence Address:
5000 Tuttle Crossing Blvd
Dublin, OH 43016
PHONE: (800) 533-0523 FAX: (800) 257-5713
www.boundtree.com

INVOICE

Invoice	81504193
Page	1
Date	8/1/2014

TIN# 31-1739487

Bill To: 217495

UNION COUNTY AMBULANCE
PO BOX 37
JONESBORO, IL 62952-0037

Ship To: SHIP001

UNION COUNTY AMBULANCE
301 W MISSISSIPPI ST
JONESBORO, IL 62952-1230

PO Number	Sales Order Number	Account Manager	Shipping Method	Ship Date	Payment Terms
JULY 18 2014	96169395	C SCHUTTENBERG	FEE < $150	07/31/2014	NET 30

Item Number	Description	Ordered	Shipped	B/O	Unit Price	Ext Price
	THE FOLLOWING ITEMS SHIPPED FROM: **04** **620 PIERCE ROAD** **CLIFTON PARK, NY 12065**					
4755-02	ONDANSETRON 4MG 2ML VIAL 25EA/BX 4BX/CS	1	1	0	$28.17	$28.17
	Tracking Numbers: 614587733205					

* Indicates that sales tax was applied to this item.

Merchandise	Misc	Sales Tax	Freight	Deposit	Total Due
$28.17	$0.00	$0.00	$0.00	$0.00	$28.17

BoundTree medical

Making Precious Minutes Count...™

Correspondence Address:
5000 Tuttle Crossing Blvd
Dublin, OH 43016
PHONE: (800) 533-0523 FAX: (800) 257-5713
www.boundtree.com

INVOICE

Invoice	81508062
Page	1
Date	8/6/2014

TIN# 31-1739487

Bill To: 217495

UNION COUNTY AMBULANCE
PO BOX 37
JONESBORO, IL 62952-0037

Ship To: SHIP001

UNION COUNTY AMBULANCE
301 W MISSISSIPPI ST
JONESBORO, IL 62952-1230

PO Number	Sales Order Number	Account Manager	Shipping Method	Ship Date	Payment Terms
AUGUST 4. 2014	96212990	C SCHUTTENBERG	>$150 NO FRT	08/05/2014	NET 30

Item Number	Description	Ordered	Shipped	B/O	Unit Price	Ext Price
	THE FOLLOWING ITEMS SHIPPED FROM: **10** **3221 E ARKANSAS LN, SUITE #145** **ARLINGTON, TX 76010**					
297272	GERMICIDAL WIPES LARGE 6 IN X 6.75 IN 160/TUB 12TUBS/CS SANI-CLOTH PLUS	1	1	0	$6.42	$6.42
	Tracking Numbers: 598928308374					

* Indicates that sales tax was applied to this item.

Merchandise	Misc	Sales Tax	Freight	Deposit	Total Due
$6.42	$0.00	$0.00	$0.00	$0.00	$6.42

BoundTree medical

Making Precious Minutes Count...™

Correspondence Address:
5000 Tuttle Crossing Blvd
Dublin, OH 43016
PHONE: (800) 533-0523 FAX: (800) 257-5713
www.boundtree.com

INVOICE

Invoice	81509448
Page	1
Date	8/7/2014

TIN# 31-1739487

Bill To: 217495

UNION COUNTY AMBULANCE
PO BOX 37
JONESBORO, IL 62952-0037

Ship To: SHIP001

UNION COUNTY AMBULANCE
301 W MISSISSIPPI ST
JONESBORO, IL 62952-1230

PO Number	Sales Order Number	Account Manager	Shipping Method	Ship Date	Payment Terms
AUGUST 4, 2014	96212989	C SCHUTTENBERG	>$150 NO FRT	08/05/2014	NET 30

Item Number	Description	Ordered	Shipped	B/O	Unit Price	Ext Price
	THE FOLLOWING ITEMS SHIPPED FROM: **03** **481 AIRPORT INDUSTRIAL DR, SUITE #101** **SOUTHAVEN, MS 38671**					
1072-80347	Wash Basin, Rectangular, 6 Quart, Graphite, 50ea/cs	4	4	0	$1.02	$4.08
108305	IV Set, 89 in, 10 Drop, w/Preattached 6 in ext, 1 Split Septum and 1 AMSafe Inj Site 50ea/cs	50	50	0	$2.05	$102.50
118-2B0842EA	Dopamine, 400 mg, 5% Dextrose, injection, 250 ml 18ea/cs	1	1	0	$13.07	$13.07
174620	FILTERLINE SET, NON HUMIDIFIED, INTUBATED, ADULT/PEDIATRIC 100EA/BX	6	6	0	$9.66	$57.96
230500	Electrodes, BlueSensor SP, Medium Size, Pediatric/Adult, Foam 50/PK 20PK/BX (40PK/CS)	6	6	0	$14.18	$85.08
261234	HEAD IMMOBILIZER ADJUSTABLE ADULT 50/CS MULTIGRIP	10	10	0	$5.04	$50.40
264003	EXTRICATION COLLAR NECKLESS 50/CS AMBU PERFIT 000 264 503	10	10	0	$3.86	$38.60
2712-13313	SpO2 Pulse Oximetry Sensor, Neonate/Infant/Adult, Universal Size, Disp, 20ea/bx	4	4	0	$14.19	$56.76
2741-05019	Electrode, WhiteSensor, Center Stud, Solid Gel 50/PK	2	2	0	$6.49	$12.98
290184	SHARPS CONTAINER OLD STYLE SQUARE RED 4.7 QUART 10 IN X 6 IN X 7.75 IN 12/CS SHARPS TAINER	1	1	0	$4.20	$4.20
290692	SUPRENO SE GLOVES, LARGE, NITRILE, POWDER-FREE, STANDARD TEXTURED EXAM 100/BX 10BX/CS	6	6	0	$11.03	$66.18
3151-03161	CURAPLEX Extrication Collar, Adult, Single-use, Adjustable, 8 Settings 30ea/cs	10	10	0	$4.88	$48.80
3271-61202	CURAPLEX HEAVY, COT SHEET, ELASTIC ENDS, DISPOSABLE, 73 X 30 IN, 75-80 GRAMS, WHITE 50/CS	2	2	0	$91.29	$182.58
354010	PRESSURE INFUSER W/BULB & GAUGE 1000ML DISPOSABLE 25/CS	4	4	0	$22.09	$88.36
355161	CATHETER INTRAVENOUS (IV) SAFETY VIALON 16 GAUGE X 1.16 IN 50/BX 4BX/CS INSYTE AUTOGUARD	50	50	0	$2.65	$132.50
355181	CATHETER INTRAVENOUS (IV) SAFETY VIALON 18 GAUGE X 1.16 IN 50/BX 4BX/CS INSYTE AUTOGUARD	50	50	0	$2.51	$125.50
355201	CATHETER INTRAVENOUS (IV) SAFETY VIALON 20 GAUGE X 1.16 IN 50/BX 4BX/CS INSYTE AUTOGUARD	50	50	0	$2.51	$125.50

Bound Tree medical

Making Precious Minutes Count...™

Correspondence Address:
5000 Tuttle Crossing Blvd
Dublin, OH 43016
PHONE: (800) 533-0523 FAX: (800) 257-5713
www.boundtree.com

INVOICE

Invoice	81509448
Page	2
Date	8/7/2014

TIN# 31-1739487

Bill To: 217495

UNION COUNTY AMBULANCE
PO BOX 37
JONESBORO, IL 62952-0037

Ship To: SHIP001

UNION COUNTY AMBULANCE
301 W MISSISSIPPI ST
JONESBORO, IL 62952-1230

PO Number	Sales Order Number	Account Manager	Shipping Method	Ship Date	Payment Terms
AUGUST 4. 2014	96212989	C SCHUTTENBERG	>$150 NO FRT	08/05/2014	NET 30

Item Number	Description	Ordered	Shipped	B/O	Unit Price	Ext Price
358000	IV Solution, Sodium Chloride 0.9% 1000 ml Bag 12ea/cs BBraun L8000	0	0	36	$1.12	$0.00
36274	MEDSTORM - MASK, AIR CUSHIONED NEO WHITE 50EA/CS	4	4	0	$2.24	$8.96
373369	NALOXONE 2MG 2ML LUER JET 1029B 10EA/CS	4	4	0	$18.64	$74.56
374921	EPINEPHRINE 1:10000 1 MG 10 ML LIFESHIELD SYRINGE 1019A	10	10	0	$6.64	$66.40
377515	DEXTROSE 50% 50ML ANSYR SYRINGE 1013C	2	2	0	$7.62	$15.24
477-KLTSD414EA	Supraglottic airway kit, KING LTS-D, red, size 4, adult 5-6 ft, 60cc syringe, lube jelly 5ea/cs	1	1	0	$42.00	$42.00
520-211	BVM, SPUR II, ADULT W/ MEDIUM ADULT MASK, INDIVIDUALLY BOXED 12/CS	4	4	0	$10.92	$43.68
590614	SUCTION TIP WITH 6 FT TUBING WITHOUT VENT 20/CS YANKAUER 302	8	8	0	$3.35	$26.80
682147	TRAUMA BAG CORDURA BLUE 20.5 IN X 15 IN X 10 IN MAXI	1	1	0	$163.09	$163.09
721-H140H-01EA	Urinal, with attached lid and handle 50ea/cs	4	4	0	$0.78	$3.12
740LF	BP SYSTEM 5, CHILD, SM ADULT, ADULT, LG ADULT, THIGH, NAVY BLUE, LATEX FREE	1	0	1	$136.99	$0.00
989803138181	PAPER 75MM FOR PHILIPS MRX 10RL/BX 8BX/CS	10	10	0	$5.59	$55.90
F490661	SHARPS CONTAINER PLASTIC RED HINGE LID 3 GALLON 10/CS	1	0	1	$10.09	$0.00
G0755	INTRAVENOUS (IV) START KIT TAPE WITH SWAB AND VENI-GARD 100/CS 1238	50	50	0	$1.73	$86.50
M3717A	PEDIATRIC PLUS INFANT PADS (PLUG STYLE 5 ST/BX) FOR USE ON MRX, AND XL ONLY	6	6	0	$26.62	$159.72
	THE FOLLOWING ITEMS SHIPPED FROM: **04** **620 PIERCE ROAD** **CLIFTON PARK, NY 12065**					
020500	ENDOTRACHEAL TUBE HOLDER ADULT 100/CS THOMAS	6	6	0	$3.10	$18.60

BoundTree medical

Making Precious Minutes Count...™

Correspondence Address:
5000 Tuttle Crossing Blvd
Dublin, OH 43016
PHONE: (800) 533-0523 FAX: (800) 257-5713
www.boundtree.com

INVOICE

Invoice	81509448
Page	3
Date	8/7/2014

TIN# 31-1739487

Bill To: 217495

UNION COUNTY AMBULANCE
PO BOX 37
JONESBORO, IL 62952-0037

Ship To: SHIP001

UNION COUNTY AMBULANCE
301 W MISSISSIPPI ST
JONESBORO, IL 62952-1230

PO Number	Sales Order Number	Account Manager	Shipping Method	Ship Date	Payment Terms
AUGUST 4, 2014	96212989	C SCHUTTENBERG	>$150 NO FRT	08/05/2014	NET 30

Item Number	Description	Ordered	Shipped	B/O	Unit Price	Ext Price
	Tracking Numbers: 596901641030 596916744995 596916745009 596916745010 596916745020 596916745031 596916745042 596916745053 614898170183					

* Indicates that sales tax was applied to this item.

Merchandise	Misc	Sales Tax	Freight	Deposit	Total Due
$1,959.62	$0.00	$0.00	$0.00	$0.00	$1,959.62

ITEMS HAVE SHIPPED FROM MULTIPLE WAREHOUSES

BoundTree medical

Making Precious Minutes Count...™

Correspondence Address:
5000 Tuttle Crossing Blvd
Dublin, OH 43016
PHONE: (800) 533-0523 FAX: (800) 257-5713
www.boundtree.com

INVOICE

Invoice	81513227
Page	1
Date	8/12/2014

TIN# 31-1739487

Bill To: 217495

UNION COUNTY AMBULANCE
PO BOX 37
JONESBORO, IL 62952-0037

Ship To: SHIP001

UNION COUNTY AMBULANCE
301 W MISSISSIPPI ST
JONESBORO, IL 62952-1230

PO Number	Sales Order Number	Account Manager	Shipping Method	Ship Date	Payment Terms
AUGUST 4, 2014	96212989	C SCHUTTENBERG	>$150 NO FRT	08/08/2014	NET 30

Item Number	Description	Ordered	Shipped	B/O	Unit Price	Ext Price
	THE FOLLOWING ITEMS SHIPPED FROM: 03 481 AIRPORT INDUSTRIAL DR, SUITE #101 SOUTHAVEN, MS 38671					
740LF	BP SYSTEM 5, CHILD, SM ADULT, ADULT, LG ADULT, THIGH, NAVY BLUE, LATEX FREE	1	1	0	$136.99	$136.99

Tracking Numbers:

596921154006

* Indicates that sales tax was applied to this item.

Merchandise	Misc	Sales Tax	Freight	Deposit	Total Due
$136.99	$0.00	$0.00	$0.00	$0.00	$136.99

mooremedical
Supporting Health & Care

Corporate Office
1690 New Britain Avenue
PO Box 4066
Farmington, CT 06032-4066
800.234.1464 | www.mooremedical.com

INVOICE

Invoice #	Invoice Amount Due	Invoice Date
98301220 I	$ 232.95	08/07/14
Bill to Customer #	**Terms**	**Order #**
1125804	NET 30 DAYS	17068709
Ship Date	**Due Date**	
08/07/14	09/06/14	
Customer Order #		
Blanket #	**PO #**	
01492-4	080714	

0204484 01 MB 0.432 **AUTO 4 0 1158 62952-123001 -C01-P04488-I MED DLY

Union County Ambulance Service
Grant Capel
301 W Mississippi St
JONESBORO IL 62952-1230

Ship To: 1125804

Union County Ambulance Service
Mark Donvito MD
301 W Mississippi St
JONESBORO IL 62952

CA - 7950 West Doe Avenue, Visalia, CA 93291
CT - 370 John Downey Drive, New Britain, CT 06051
FL - 8100 Westside Ind'l Dr, Bldg 4, Jacksonville, FL 32219
IL - 495 Woodcreek Drive, Bolingbrook, IL 60440

Item #	Item Description	Order Qty	Ship Qty	B/O Qty	$ Unit Price	U/M	$ Extended	$ Sales Tax	Ship From
69411	Sodium Chloride .9% Inj L8000	36		36		EA		.00	CT
48675	Infu-Surg Disp Infsr 1000cc	4	4		15.25	EA	61.00	.00	CT
94365	Intubation Carry Case Dlx MH	2	2		25.00	EA	50.00	.00	CT
82709	SnapLok Numbered Grn 8050	1	1		39.00	EA	39.00	.00	CT
63468	Multikuf BP System 4Cuff 732DB	1	1		82.95	EA	82.95	.00	CT
92206	Heartstart MRX 12-Lead ECG	1		1		EA		.00	CT

Please detach here and return with your remittance

Moore DEA# PP0040167

mooremedical
Supporting Health & Care

Corporate Office
1690 New Britain Avenue
PO Box 4066
Farmington, CT 06032-4066
800.234.1464 | www.mooremedical.com

Invoice #	Invoice Amount Due	Invoice Date
98301220I	$ 232.95	08/07/14
Bill to Customer #	**Terms**	**Order #**
1125804	NET 30 DAYS	17068709
Ship Date	**Due Date**	
08/07/14	09/06/14	
Customer Order #		
Blanket #	**PO #**	
01492-4	080714	

Send Payments To:

Union County Ambulance Service
Grant Capel
301 W Mississippi St
JONESBORO IL 62952

Moore Medical LLC
PO Box 99718
Chicago, IL 60696

98301220011258040000232957

1158-01-b2-0204484-0001-0008966

Personal Medical Equipment & Serv., Inc.
517 E VIENNA SUITE D
ANNA, IL 62906
(618) 833 4444

Invoice

Customer

UNION COUNTY AMBULANCE
303 MARKET ST
JONESBORO, IL 62952

Misc

Print Date	8/4/2014
First Print	8/4/2014
Invoice	65702
Order	15505
Account No.	

Qty	Date	Description	Extended Amt.	Balance Amt.
2	08/01/2014	M TANK M O2 TANK	$29.00	$29.00
4	08/01/2014	D TANK D O2 TANK	$39.00	$39.00
		Total	$68.00	$68.00
		Balance	$68.00	

Payment Cash _____ Check _____ Charge _____

Comments _____
Name _____
CC # _____
Expires _____

PAY THIS AMOUNT : $68.00

Personal Medical Equipment & Serv., Inc.
517 E VIENNA SUITE D
ANNA, IL 62906
(618) 833 4444

Invoice

Customer

UNION COUNTY AMBULANCE
303 MARKET ST
JONESBORO, IL 62952

Misc

Print Date	8/8/2014
First Print	8/8/2014
Invoice	65920
Order	15566
Account No.	

Qty	Date	Description	Extended Amt.	Balance Amt.
1	08/07/2014	M TANK M O2 TANK	$14.50	$14.50
2	08/07/2014	D TANK D O2 TANK	$19.50	$19.50
		Total	$34.00	$34.00
		Balance	$34.00	

Payment Cash _____ Check _____ Charge _____

Comments _____
Name _____
CC # _____
Expires _____

PAY THIS AMOUNT : $34.00

Copyright 2000 ADP, Inc

REMIT TO:

McBRIDE MACK SALES & SERVICE, INC.

PAGE 1

ACCOUNTS DUE AND PAYABLE BY THE 10th OF THE MONTH

10466 Brayfield Road
P.O. Box 3036
CARBONDALE, IL 62902
618-529-3344 800-443-6225
www.mcbridemack.com

155 McBride Lane
P.O. Box 2620
PADUCAH, KY 42002
270-442-7545 800-457-6225
www.mcbridemack.com

2115 Southern Expressway
CAPE GIRARDEAU, MO 63703
573-651-0775 800-452-6225
www.mcbridemack.com

ACCT. NO
6146

CLOSING DATE
31JUL14

UNION COUNTY AMBULANCE

204 W MISSISSIPPI ST
JONESBORO IL 62952

AMOUNT ENCLOSED

PLEASE RETURN THIS PORTION WITH YOUR CHECK $_____

DATE	DOCUMENT / TRANSACTION	PURCHASES	PAYMENTS & CREDITS	BALANCE
		PREVIOUS BALANCE		
10JUL14	721544	1,427.82		

ACCOUNT STATUS	PAST DUE	CURRENT	PLEASE PAY THIS AMOUNT ▷	
	0.00	1,427.82		1,427.82

OVER 30	OVER 60	OVER 90	OVER 120
0.00	0.00	0.00	0.00

FINANCE CHARGES will apply if the new balance is unpaid one month from the closing date of statement. The "FINANCE CHARGES" are computed by a periodic rate of 1.5% per month which is an ANNUAL PERCENTAGE RATE of 18% applied to the unpaid balance after deducting current payments and/or credits appearing on this statement from the previous balance.

MCBRIDE MACK SALES

CUSTOMER #: 6146
UNIT# 5U12

721544

INVOICE

McBRIDE MACK SALES & SERVICE, INC.
10466 Brayfield Road
P.O. Box 3036
CARBONDALE, IL 62902
618-529-3344 800-443-6225
www.mcbridemack.com

UNION COUNTY AMBULANCE
204 W MISSISSIPPI ST
JONESBORO IL 62952

PAGE 1

HOME: CONT:N/A
BUS: CELL:

SERVICE ADVISOR: 614 MICHAEL YOUNG

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
	08	FORD F350 PICKUP	1FDXF46RX8ED31611		101667/101667	TBFQA

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN08 DD			17:00 08JUL14			CHG	10JUL14

R.O. OPENED	READY	OPTIONS:
09:33 08JUL14	10:55 10JUL14	

LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
A REPAIR FOR AIR COMPREESOR FOR RUNNING ALL THE TIME STILL WON"T AIR UP			
400 SUSPENSION/BRAKES			
605 CPO		392.00	392.00
1 TG*27015* COMPRESSOR	1500.00	977.98	977.98
1 FREIGHT SHIPPING	50.00	50.00	50.00

PARTS: 1027.98 LABOR: 392.00 OTHER: 0.00 TOTAL LINE A: 1419.98

101667 TECH FOUND AIR COMPRESSOR NOT BUILDING ENOUGH AIR PRESSURE TO SUPPLY SYSTEM, REPLACED WITH NEW COMPRESSOR.

****

CUSTOMER PAY 19~ FOR REPAIR ORDER 7.84

ADDITIONAL LOCATIONS

McBRIDE MACK SALES & SERVICE, INC.

155 McBride Lane
P.O. Box 2620
PADUCAH, KY 42002
Phone 270-442-7545

2115 Southern Expressway
CAPE GIRARDEAU, MO 63703
Phone 573-651-0775

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

Thank You

DESCRIPTION	TOTALS
LABOR AMOUNT	392.00
PARTS AMOUNT	1027.98
WRECKER SERVICE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	7.84
TOTAL CHARGES	1427.82
	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	1427.82

CUSTOMER SIGNATURE

Copyright 2000 ADP, Inc. SERVICE INVOICE #2 XS/2C

CUSTOMER COPY

Date: 07/25/2014 10:05 AM
Estimate ID: 121212
Estimate Version: 0
Preliminary
Profile ID: * Mitchell

WRIGHT BRO. BODY SHOP

2297 STATE RT 146 WEST, JONESBORO, IL 62952
(618) 833-5937
Fax: (618) 833-4691
Tax ID: 37-1319927

Damage Assessed By: DONNIE MESSAMORE
Classification: None

Deductible: UNKNOWN
Claim Number: 121212

Insured: U.C.A.S.
Claimant: 5U11

Mitchell Service: 911297

Description: 2014 Ford F450 Pickup Lariat
Body Style: 4D PkupCrw 8' Bed 172" WB
Drive Train: 6.7L Turbo Inj 8 Cyl Dsl 4WD
VIN: 1FDUF4GT3EEA35709
License: 5-125-04 IL
Mileage: 9,468
OEM/ALT: O
Search Code: None
Options: PASSENGER AIRBAG, DRIVER AIRBAG, POWER DRIVER SEAT, POWER LOCK, POWER WINDOW POWER STEERING, REAR WINDOW DEFOGGER, CRUISE CONTROL, TILT STEERING COLUMN LEATHER SEAT, POWER PASSENGER SEAT, TELESCOPIC STEERING COLUMN ANTI-LOCK BRAKE SYS., TRACTION CONTROL, FOG LIGHTS, ALUM/ALLOY WHEELS AUXILIARY INPUT, SATELLITE RADIO, TOW HITCH RECEIVER, TINTED GLASS AUTO AIR CONDITION, TRIP COMPUTER, SIDE AIRBAGS, ANTI-THEFT SYSTEM AUTOMATIC HEADLIGHTS, INTERIOR AUTOMATIC DAY/NIGHT OR ELECTROCHROMATIC MIRROR SIDE HEAD CURTAIN AIRBAGS, AM/FM STEREO CD/MP3 PLAYER, ELECTRONIC PARKING AID FRONT BUCKET SEATS, FRONT SEATS WITH POWER LUMBAR SUPPORT, KEYLESS ENTRY SYSTEM LIMITED SLIP DIFFERENTIAL, POWER DISC BRAKES, STEERING WHEEL AUDIO CONTROLS

Line Item	Entry Number	Labor Type	Operation	Line Item Description	Part Type/ Part Number	Dollar Amount	Labor Units
1	900500	BDY *	REPAIR	REAR BOX	Existing		3.0*
2	900500	REF *	REFINISH/REPAIR	REAR BOX	Existing		2.0*
3	AUTO		AOD'L COST	Paint/Materials		50.00 *	

* - Judgment Item

ESTIMATE RECALL NUMBER: 05/23/2014 07:47:40 121212
Mitchell Data Version: OEM: APR_14_V
Software Version: 7.1.167

Copyright (C) 1994 - 2014 Mitchell International
All Rights Reserved

Estimate Totals

I. Labor Subtotals	Units	Rate	Add'l Labor Amount	Sublet Amount	Totals	
Body	3.0	48.00	0.00	0.00	144.00	T
Refinish	2.0	48.00	0.00	0.00	96.00	T
Taxable Labor					240.00	
Labor Summary	5.0				240.00	

II. Part Replacement Summary	Amount
Total Replacement Parts Amount	0.00

III. Additional Costs	Amount
Taxable Costs	50.00
Total Additional Costs	50.00

Paint Material Method: Rates
Init Rate = 25.00 , Init Max Hours = 99.9, Addl Rate = 0.00

IV. Adjustments	Amount
Customer Responsibility	0.00

I.	Total Labor:	240.00
II.	Total Replacement Parts:	0.00
III.	Total Additional Costs:	50.00
	Gross Total:	290.00
IV.	Total Adjustments:	0.00
	Net Total:	290.00

This is a preliminary estimate.
Additional changes to the estimate may be required for the actual repair.

Copyright (C) 1994 - 2014 Mitchell International
All Rights Reserved

Drive one.

COAD FORD
2523 EAST VIENNA STREET
ANNA, IL 62906
(618) 833-2166

Drive one.

Date Printed: 07/24/14 Time Printed: 10:37 AM Page: 1

Union County Ambulance Service Po Box 37 Jonesboro, IL 629520037 Work: (618) 833-2871 Home: (618) 833-6542 Fax: (618) 833-6201	P.O. #.	**Invoice #.**	**79432**
	Cust ID # 27909 Cust A/R # 27909	Date	07/24/14
		Sales Person	Joshua Wright

Part Number	Mfg	Description	Bin	Avl/OH	List	Price	QtyOrd	QtyShp	Amount
PM27JUG	FOR	EXHAUST EMISSION ...	SPORD	1 / 1	20.00	20.00	1	1	20.00

Payment Distributions

Account	Description	Amount	Control	Payment Description

Sub-Total	20.00
Sales Tax	0.00
Special Tax	0.00
HazMat Charge	0.00
Freight	0.00
Freight Tax	0.00
Charges/Discounts	0.00
TOTAL	**20.00**
Pay Method	

Customer Signature

Distribution:

Customer Type:

Notes:

DISCLAIMER OF WARRANTIES

Any warranties on the products sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes not authorizes any other person to assume for it any liability in connection with the sale of said product.

RETURN POLICY

20% handling charge on all returned merchandise. No returns on electrical or special ordered items. No returns after 30 days. Returned merchandise must be accompanied with this invoice. All returns must be in original packages.

227 N. CAPITOL AVE.
INDIANAPOLIS, IN 46202
PHONE: 317-926-4467
FAX: 317-926-4460
www.uniformhouse.com

THE UNIFORM HOUSE, INC.

8/5/2014

P.O. NUMBER:

CLERK: Bob T.

Invoice 000469849

BILL TO:

Union County Ambulance
301 W Mississippi
P.O. Box 37
Jonesboro IL 62952

SHIP TO:

Jaime Watkins
301 W Mississippi
c/o Union Co. Ambulance
Jonesboro IL 62952

Part Number	Description	Ordered	Shipped	Price	Total
74113-NV-31	Navy EMT Trousers	2	2	57.00	114.00
109X-NV-14	24/7 Ladies Pants	1	1	46.00	46.00
UPS FREIGHT	1Z 8R1 15V 03 5759 0664	1	1	10.00	10.00

Sub Total	**$170.00**
IL 6.25%	**$0.00**
Total	**$170.00**
Paid	**$0.00**
Balance	**$170.00**

No returns on altered, washed, worn garments. Items can be returned within 30 days of purchase with receipt.

Invoice

PAYMENTS ONLY: PO Box 872020
Vancouver, WA 98687
-or-
Online: www.officeally.com

Invoice Number: CG10074-IN
Invoice Date: 7/31/2014
Account Number: U350761
Terms: Due upon Receipt
Due Date: 7/31/2014
Customer P.O.:

Questions?
360 975-7000
EMAIL - invoice@officeally.com
accountsreceivable@officeally.com

Bill To:
Union County Ambulance
204 West Mississippi St
Joneboro, IL, 62952

Description	Quantity	Price	Amount
Non Participating & Gov Claims Gov claims 50%+ July 2014: Govt- 166 Tot- 177 = 94%	1.000	19.950	19.95
SPECIAL NOTE: Late fees will be assessed at 1.5% per annum for invoices 30 days past due			

Invoice Total: 19.95

****

REMITTANCE SLIP (Separate & Return with Payment)

Account Number: U350761
Invoice Number:CG10074-IN
AMOUNT ENCLOSED: _____

Union County Ambulance
204 West Mississippi St
Joneboro, IL, 62952

MAIL PAYMENTS TO:
OFFICE ALLY - ACCOUNTING DEPT
PO Box 872020
Vancouver, WA 98687

DO NOT TAPE OR STAPLE TO CHECK

Thursday, October 16, 2014

8:00 am - 4:45 pm	Registration Main Hall		
8:00 am - 8:45 am	Continental Breakfast (Provided) Salon A		
8:45 am - 9:00 am	Welcome & Sponsor Recognition Salon A		
9:00 am - 9:50 am	Emotional & Social Intelligence: Hillbilly Heaven Dr. Christopher F. Nollette Salon C	Medicare Update - Part 1 Brian Werfel Salon B	
9:50 am - 10:00 am	Break Main Hall		
10:00 am - 10:50 am	Do You See What I See? Christopher J. LeBaudour Salon C	Medicare Update - Part 2 Brian Werfel Salon B	
10:50 am - 11:00 am	Break Main Hall		
11:00 am - 11:50 am	Lung/Heart Dissection Joe Degitz, RN Salon C	Medicaid Update Andrew Thornton, Kim Godden & Chris Vandenberg Salon B	
11:50 am - 12:50 pm	Lunch Buffet (Provided) Salon A		
12:50 pm - 2:00 pm	Mock Trial Brian Werfel, Christopher Vandenberg, Kim Godden & Joe Degitz Salon A		
2:00 pm - 2:30 pm	Break (Refreshments Provided) Exhibit Area		
2:30 pm - 3:20 pm	Mentoring, Raising the Dead in our Profession Dr. Christopher F. Nollette Salon C	HIPAA, Health Care Reform & Compliance Update Brian Werfel Salon B	
3:20 pm - 3:50 pm	Break Exhibit Area		
3:50 pm - 4:40 pm	Community Paramedicine: Here, There, "And Soon Everywhere" Gary Wingrove Salon C	Reimbursement Roundtable - Various Topics Andrew Thornton, Kim Godden & Chris Vandenberg Salon B	
4:40 pm - 5:00 pm	Closing Remarks Salon C	Closing Remarks Salon B	
5:00 pm - 6:00 pm	Exhibit Area Open		
6:00 pm - 9:30 pm	**EMS Party** **Sponsored by Advanced Medical Transport of Central Illinois** **Salon A & Exhibit Area**		

Exhibit Area Open

Exhibit Area Open

Friday, October 17, 2014

8:00 am - 12:00 pm	Registration Main Hall	
8:00 am - 8:45 am	Continental Breakfast (Provided) Salon A	
8:45 am - 9:00 am	Welcome & Sponsor Recognition Salon A	
9:00 am - 9:50 am	Demystifying the 12-Lead Dr. Matthew Jackson Salon C	NGS Medicare Ambulance Presentation NGS Medicare Representative - Corrine Ball Salon B
9:50 am - 10:00 am	Break Main Hall	
10:00 am - 10:50 am	Heroin: The Modern Epidemic & What One Country is Doing to Fight It Dr. Richard A. Jorgensen Salon C	NGS Medicare Ambulance Presentation NGS Medicare Representative - Corrine Ball Salon B
10:50 am - 11:00 am	Break Main Hall	
11:00 am - 11:50 am	Downfall of the Backboard - Current Trends in Spinal Immobilization Dr. Matthew Jackson Salon C	NGS Medicare Ambulance Presentation NGS Medicare Representative - Corrine Ball Salon B
11:50 am - 12:00 pm	Break Main Hall	
12:00 pm - 1:00 pm	Annual Meeting Salon A	