City of Danville

Department of Technology Planning
SEP 04 2001

Department of Emergency Services

Douglas R. Young
CEM/Director

P. O. Box 3300
Danville, Virginia 24543
(804) 799-6535
FAX - (804) 797-8938
www.ci.danville.va.us

Christopher L. Goss
Assistant Director

August 30, 2001

Mr. N Jerry Simonoff
Chairman, Wireless E-911 Service Board
Richmond Plaza Building Suite 135
110 South Seventh Street
Richmond, VA 23219-3912

Dear. Mr. Simonoff:

Emclosed please find documentation to justify the funds received from the Wireless E-911 Service Board for the fiscal year ended June 30, 2001. Please note that some of the Personnel and equipment was not included in the original submission.

If you have any questions please do not hesitate to contact me.

Sincerely,

Chris L. Goss
Assistant Director

Wireless E-911 PSAP Request/Report Worksheet

PSAP: Danville Emergency Services Period: 2001

Total Received: $ 147,606.00

Total Actual: $ 151,919.12

Difference: - $ 4,313.12

Call Load Data*

Description	Estimated	Actual
Total telephone calls handled by the PSAP	302,169	306,657
Total 91 1 calls handled by the PSAP	68,376	67,767
Total wireless 91 1 calls handled by the PSAP	24,000	38,217

Equipment used only for Wireless E-91

Description	Estimated	Actual
CAS Upgrade	$58,496.00	58,496.00
Install 4 trunk for wireless	$ 1,860.00	1,860.00
Trunk maintenance	$4,032.00	4,063.00
Equipment from Sprint for Positron	$ 11,523.12	11,523.12
Total dedicated wireless Equipment	$75,911.12	75,942.12

Shared Equipment:

Description	Estimated	Actual
Positron maintenance	$ 15,795.12	11,496.00
Dictaphone Maintenance	$ 0	9,537.50
Other Listed See attached	0	See Attached
Total Shared Equipment for Formula:	$ 15,795.12	$39,145.00

Estimated: $\frac{24,000}{302,169}$ X $ 15,795.12 = $ 1,254.53

Actual: $\frac{38217}{306,657}$ X $39,145.00 = $ 4,879.00

Local Exchange Costs (LEC):

Description	Estimated	Actual
CAS upgrade	$58,496.00	$58,496.00
Total LEC Costs	$0.00	58,496.00

Wireless s E-911 PSAP Fur-Request/Report Worksheet

PSAP: Danville Emergency Services Period: 2001

Personnel Costs:

Description	Estimated	Actual
Salary and benefits	$ 886,875.00	$ 570,497.48
Total Shared Equipment for Formula:		

Estimated: _____ X =

Actual: 38217 / 306.657 X $570,497.48 = 71,098.00

Mid-Year Adjustment:

Description	Estimated	Actual
	$0.00	
Total of mid-year adjustment:	$0.00	

I certify on behalf of the Danville Emergency Services that all funds were used consistent with the information provided to the Board in this report.

Chris L. Ross 8-30-01

Name and Title Date

DANVILLE EMERGENCY SERVICES

Equipment Used only for Wireless

Description	Estimated	Actual
Install 4 Trunks	1,860.00	1860.00
CAS Upgrade	58,496.00	58,496.00
Trunk Main.	4,032.00	4,063.00
Equip from Sprint	11,523.12	11,523.12
Total		**$75,942.12**

Shared Equipment

Description	Estimated	Actual
Positron Maint.	15,795.12	11,496.00
Dictaphone Maint	0	9,537.50
EMD Cards Maint	0	161.00
Pro QA Maint	0	2025.00
Aqua Maint	0	375.00
CAD Maint.	0	15,463.00
Lang. Line	0	87.50
Total		**$39,145.00**

Salary and Benefits & Training

Description	Estimated	Actual
Pay roll	886,750.00	543,879.78
EMD V11.0 Update Video	0	$165.00
EMD V11.0 Book	0	$225.00
EMD CDE Training	0	$500.00
AQUA Software	0	$ 2,500.00
AQUA Training	0	$2,500.00
EMD Training	0	$ 5,250.00
EMD Training	0	$350.00
Plus 64.65 travel	0	$64.65
APCO	0	$1200.00
APCO Inst.	0	$ 1,167
APCO CTO	0	$ 876.00
APCO Comm. Super.	0	$1,316.00
DCJS Dues	0	$ 3,850.00
911 Training Phone	0	$ 4,070.00
Jones VCIN Inst 7-00	0	$ 14.53
Plus	0	$60.00
EMD Re- Cert.	0	$840.00
Robert Supervisor School	0	$87.77
Lisa Supervisor School		$54.79
Kay Baggerly Supervisor School		$ 49.09
Linda Busby CISM		$ 74.88
Tracie Jackson Travel EMD		$ 12.84
Mary Beth EMD Travel		$ 14.79
Tammy VCIN Travel		$ 40.70

Tammy EMD Travel	$31.29
PowerPhone Training	$338.00
PowerPhone Training	$507.00
Fire Service	$398.00
Farmer DCJS Travel	$61.07

TOTAL_____570497.48

CITY OF DANVILLE

DANVILLE, VIRGINIA

RPT: DAS700 DATE: JUL 28 2001

01 GENERAL FUND
STATEMENT OF EXPENDITURES
JUNE 2001 0100

ACCT	ACCOUNT TITLE	ORIGINAL BUDGET	ENCUMB REAPPROP	BUDGET ADJUSTMENTS	TOTAL APPROP	EXPENDITURE
3545	* EMERGENCY COMMUNICATIONS E-911					
1001	SALARIES & WAGES-REGULAR	68908700		11431300-	57477400	57477378

Col. W. Gerald Massengill
Superintendent

(804) 674-2000

COMMONWEALTH of VIRGINIA

DEPARTMENT OF STATE POLICE

P. O. BOX 27472, RICHMOND, VA 23261-7472

October 27, 2000

Chief T. Neal Morris
Danville Police Department – E.O.C.
Box 3300
Danville, Virginia 24543

Dear Chief Morris:

Leon Jones of your agency attended our VCIN Instructor Training Course at the Virginia State Police Academy. The cost for lodging and breakfast at the academy was $60.00. Please forward a check for this amount made payable to the Department of State Police.

If you should have any questions, please contact my office.

Sincerely,

Stephen D. Childress

Stephen D. Childress, Captain
Criminal Justice Information Services Division
804/674-2148

SDC/KDB/msd

cc: Trooper James W. Hogan

C:\My Documents\BROOKS\INSTRUCTOR SCHOOL-Billing.Doc

DEPARTMENT: ES
DATE REC.
DATE 10 31 00
FUND 01 3545 5501 $60.00

CITY OF DANVILLE, VIRGINIA

Travel Advance/Reimbursement Report

yee Name: Linda Busby Account Code: 01-3545-5501

es of Travel: May 30 - June 3, 2000 Destination: Virginia Beach, VA

urpose: CISM Annual Recertification

	Cost Estimated	Cost Actual
uition and Registration	$	$
odging		
irfare		
ersonal Vehicle _____ miles @ $.27		
ransportation Costs (Taxi, etc.)		
Meals and Tips		67.63
Other Phone Charges		7.25
Total Estimated Amount	$	
Total Advance Requested	$	
Date Advance Needed ___/___/___		
Total Actual		$ 74.88
Balance Due (Check one) City ___ Employee X (Using Advance and Actual Totals, subtract lesser amount from higher amount and enter amount due.)		$ 74.88

Advance Authorization _____ Employee Signature _____ Date _____ Department Director/City Manager _____ Date

Reimbursement Authorization X Linda Busby Employee Signature 06-07-00 Date [signature] Department Director/City Manager 6 7 00 Date

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance. Forward three (3) completed copies of this form to Finance/Accounting within five (5) days of travel completion. Attach receipts for all expenses except for Auto mileage and small items where receipts are not available.

Special Instructions _____

FOR FINANCE DEPARTMENT

Date: _____ Advance Check No.: _____

CITY OF DANVILLE, VIRGINIA

TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT

Employee Name: Leon Jones Account Code: 01-3545-5501

Dates of Travel: June 26-29, 2000 Destination: Richmond, VA

Purpose: VCIN Instructor Re-certification

	COST Estimated	COST Actual
Tuition and Registration	$	$
Lodging		
Airfare		
Personal Vehicle @ $0.27 per mile		
Estimated _____ Actual _____	0.00	0.00
Transportation Costs (Taxi,etc.)		
Meals and Tips		14.53
Other		
Total Estimated Amount	$ 0.00	
Advance Needed ( )Yes ( )No $ $		
Total Actual		$ 14.53
Balance Due: City _____ Employee X		$ #VALUE!

Travel Authorization

Employee Signature Date Department Director/City Manager Date

Reimbursement Authorization

Employee Signature 7/4/00 Date Department Director/City Manager 7/6/00 Date

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance. Forward three (3) completed copies of this form to Finance/Accounting within five (5) days of travel completion. Attach receipts for all expenses except for Auto mileage and small items where receipts are not available.

Other Notations

FINANCE DEPARTMENT USE

Date: _____ Advance Check No. _____

Date: _____ Reimbursement Check No. _____

COPY

CITY OF DANVILLE, VIRGINIA

TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT

Employee Name: Tracie Jackson Account Code: 01-3545-5501

Dates of Travel: October 1 - 4, 2000 Destination: Greensboro, NC

Purpose: Telecommunicator EMD Course

	COST Estimated	COST Actual
Tuition and Registration	$	$
Lodging		
Airfare		
Personal Vehicle @ $0.27 per mile		
Estimated _____ Actual _____	0.00	0.00
Transportation Costs (Taxi,etc.)		
Meals and Tips		12.84
Other		

Total Estimated Amount $ 0.00

Advance Needed ( )Yes ( )No $ $ _____

Total Actual $ 12.84

Balance Due: City _____ Employee X $ #VALUE!

Travel Authorization

Employee Signature Date Department Director/City Manager Date

Reimbursement Authorization Tracie Jackson 10-12-00 D T Young 10-13-00

Employee Signature Date Department Director/City Manager Date

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance. Forward three (3) completed copies of this form to Finance/Accounting within five (5) days of travel completion. Attach receipts for all expenses except for Auto mileage and small items where receipts are not available.

Other Notations

FINANCE DEPARTMENT USE

Date: _____ Advance Check No. _____

Date: _____ Reimbursement Check No. _____

COPY

CITY OF DANVILLE, VIRGINIA
TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT

Employee Name: Mary Beth Elkow Account Code: 01-3545-5501

Dates of Travel: October 1-4, 2000 Destination: Greensboro, NC

Purpose: Telecommunicator EMD Course

	COST Estimated	COST Actual
Tuition and Registration	$	$
Lodging		
Airfare		
Personal Vehicle @ $0.27 per mile		
Estimated _____ Actual _____	0.00	0.00
Transportation Costs (Taxi,etc.)		
Meals and Tips		14.79
Other		
Total Estimated Amount	$ 0.00	
Advance Needed ( )Yes ( )No $ $		
Total Actual		$
Balance Due: City _____ Employee X		$ 14.79

Travel Authorization

Employee Signature Date Department Director/City Manager Date

Reimbursement Authorization

X Mary Beth Elkow Employee Signature Date

Department Director/City Manager Date 10-16-00

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance. Forward three (3) completed copies of this form to Finance/Accounting within five (5) days of travel completion. Attach receipts for all expenses except for Auto mileage and small items where receipts are not available.

Other Notations

FINANCE DEPARTMENT USE

Date: _____ Advance Check No. _____

Date: _____ Reimbursement Check No. _____

CITY OF DANVILLE, VIRGINIA

TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT

Employee Name: Lisa Richardson Account Code: 01-3545-5501

Dates of Travel: 24-Oct-00 Destination: Martinsville, VA

Purpose: Teach at Academy

	COST Estimated	COST Actual
Tuition and Registration	$	$
Lodging		
Airfare		
Personal Vehicle @ $0.27 per mile .32 per mile		
Estimated ____ Actual 64	0.00	17.28
Transportation Costs (Taxi,etc.)		
Meals and Tips		
Other		
Total Estimated Amount	$ 0.00	
Advance Needed ( )Yes ( )No $ $		
Total Actual		$ 17.28
Balance Due: City ____ Employee X		$ #VALUE!

Travel Authorization

Employee Signature Date Department Director/City Manager Date

Reimbursement Authorization

Employee Signature Date Department Director/City Manager Date 102600

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance. Forward three (3) completed copies of this form to Finance/Accounting within five (5) days of travel completion. Attach receipts for all expenses except for Auto mileage and small items where receipts are not available.

Other Notations

FINANCE DEPARTMENT USE

Date: Advance Check No.

Date: Reimbursement Check No.

CITY OF DANVILLE, VIRGINIA

TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT

Employee Name: Tamara Gordon Account Code: 01-3545-5501

Dates of Travel: Oct. 23 - Nov 1, 2000 Destination: Martinsville, VA

Purpose: VCIN Certification

	COST Estimated	COST Actual
Tuition and Registration	$	$
Lodging		
Airfare		
Personal Vehicle @ $32.5 per mile		
Estimated ____ Actual ____	0.00	0.00
Transportation Costs (Taxi,etc.)		
Meals and Tips		40.70
Other		
Total Estimated Amount	$ 0.00	
Advance Needed ( )Yes ( )No $ $		
Total Actual		$ 40.70
Balance Due: City ____ Employee X		$ #VALUE!

Travel Authorization

Employee Signature Date Department Director/City Manager Date

Reimbursement Authorization X Tamara R. Gordon 11/9/00 11-6-00

Employee Signature Date Department Director/City Manager Date

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance. Forward three (3) completed copies of this form to Finance/Accounting within five (5) days of travel completion. Attach receipts for all expenses except for Auto mileage and small items where receipts are not available.

Other Notations

FINANCE DEPARTMENT USE

Date: Advance Check No.

Date: Reimbursement Check No.

COPY

CITY OF DANVILLE, VIRGINIA

TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT

Employee Name: Tamara Gordon Account Code: 01-3545-5501

Dates of Travel: Dec 1 & 2, 2000 Destination: Greensboro, NC

Purpose: EMD Certification

	COST Estimated	COST Actual
Tuition and Registration	$	$
Lodging		
Airfare		
Personal Vehicle @ $32.5 per mile		
Estimated _____ Actual _____	0.00	0.00
Transportation Costs (Taxi,etc.)		
Meals and Tips		31.29
Other		

Total Estimated Amount $ 0.00

Advance Needed ( )Yes ( )No $ 0.00

Total Actual $ 31.29

Balance Due: City _____ Employee X $ 31.29

Travel Authorization

Employee Signature Date Department Director/City Manager Date

Reimbursement Authorization

Tamara R Gordon 12/19/00 [illegible] 12/19-00

Employee Signature Date Department Director/City Manager Date

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance. Forward three (3) completed copies of this form to Finance/Accounting within five (5) days of travel completion. Attach receipts for all expenses except for Auto mileage and small items where receipts are not available.

Other Notations

FINANCE DEPARTMENT USE

Date: _____ Advance Check No. _____

Date: _____ Reimbursement Check No. _____

/

CITY OF DANVILLE, VIRGINIA

TRAVEL AUTHORIZATION/REIMBURSEMENT REPORT

Employee Name: Chris L. Goss Account Code: 01-3545-5501

Dates of Travel: 07-27-00 - 07-28-00 Destination: Rocky Mount NC

Purpose: Emergency Medical Dispatch Training

	COST Estimated	COST Actual
Tuition and Registration	$	$ 57.77
Lodging		
Airfare		
Personal Vehicle @ $0.27 per mile		
Estimated ____ Actual ____	0.00	0.00
Transportation Costs (Taxi,etc.)		6.88
Meals and Tips		
Other		
Total Estimated Amount	$ 0.00	
Advance Needed ( )Yes ( )No $ $		
Total Actual		$ 64.65
Balance Due: City ____ Employee X		$ 64.65

Travel Authorization: Employee Signature _____ Date _____ Department Director/City Manager _____ Date _____

Reimbursement Authorization: Employee Signature [signature] Date 8-7-00 Department Director/City Manager [signature] Date 8/7/00

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance. Forward three (3) completed copies of this form to Finance/Accounting within five (5) days of travel completion. Attach receipts for all expenses except for Auto mileage and small items where receipts are not available.

Other Notations _____

FINANCE DEPARTMENT USE

Date: _____ Advance Check No. _____

Date: _____ Reimbursement Check No. _____

CITY OF DANVILLE, VIRGINIA

Travel Advance/Reimbursement Report

Employee Name: ROBERT FERGUSON Account Code: 01-3545-5501

Dates of Travel: 05-01-05 / 05-08-09 Destination: MARTINSVILLE, LYNCHBURG

Purpose: SCHOOL - Supervisor School

	Cost Estimated	Cost Actual
Tuition and Registration	$	$
Lodging		
Airfare		
Personal Vehicle 128 miles @ $.27		34.56
Transportation Costs (Taxi, etc.)		
Meals and Tips		53.21
Other		

Total Estimated Amount $

Total Advance Requested $

Date Advance Needed ___/___/___

Total Actual $ 87.77

Balance Due (Check one) City ___ Employee ✓ $ 87.77

(Using Advance and Actual Totals, subtract lesser amount from higher amount and enter amount due.)

Advance Authorization _____ Employee Signature _____ Date _____ Department Director/City Manager _____ Date

Reimbursement Authorization Robert W. Ferguson Employee Signature 05-10-05 Date DR Young Department Director/City Manager 5-11-05 Date

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance. Forward three (3) completed copies of this form to Finance/Accounting within five (5) days of travel completion. Attach receipts for all expenses except for Auto mileage and small items where receipts are not available.

Special Instructions _____

FOR FINANCE DEPARTMENT

Date: _____ Advance Check No.: _____

Date: Reimbursement Check No.: _____

CITY OF DANVILLE, VIRGINIA

Travel Advance/Reimbursement Report

Employee Name: Lisa Richardson Account Code: 01-3545-5501

Dates of Travel: May 1-5 & May 8-9, 2000 Destination: Martinsville & Lynchburg

Purpose: First Line Supervisor School

	Cost Estimated	Cost Actual
Tuition and Registration	$	$
Lodging		
Airfare		
Personal Vehicle 67 miles @ $.27	18.09	
Transportation Costs (Taxi, etc.)		
Meals and Tips		36.70
Other		

Total Estimated Amount $

Total Advance Requested $

Date Advance Needed ___/___/___

Total Actual $ 54.79

Balance Due (Check one) City ___ Employee x $ 54.79

(Using Advance and Actual Totals, subtract lesser amount from higher amount and enter amount due.)

Advance Authorization _____ Employee Signature _____ Date _____ Department Director/City Manager _____ Date

Reimbursement Authorization Lisa H. Richardson 5-11-00 Employee Signature Date D R Young Department Director/City Manager 5-11-00 Date

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance. Forward three (3) completed copies of this form to Finance/Accounting within five (5) days of travel completion. Attach receipts for all expenses except for Auto mileage and small items where receipts are not available.

Special Instructions

FOR FINANCE DEPARTMENT

Date: _____ Advance Check No.: _____

Date: _____ Reimbursement Check No.: _____

CITY OF DANVILLE, VIRGINIA

Travel Advance/Reimbursement Report

nployee Name: Ta-Tanisha Farmer Account Code: 01-3545-5501

ates of Travel: May 9-16, 2000 Destination: Martinsville

urpose: Basic Telecommunicator's Class (DCJS)

	Cost Estimated	Cost Actual
uition and Registration	$	$
odging		
irfare		
ersonal Vehicle _____ miles @ $.27		
ransportation Costs (Taxi, etc.)		
Meals and Tips		61.07
Other _____		

Total Estimated Amount $

Total Advance Requested $

Date Advance Needed ___/___/___

Total Actual $ 61.07

Balance Due (Check one) City ___ Employee X $ 61.07

(Using Advance and Actual Totals, subtract lesser amount from higher amount and enter amount due.)

Advance Authorization _____ Employee Signature _____ Date _____ Department Director/City Manager _____ Date

Reimbursement Authorization Ta-Tanisha Farmer Employee Signature 5/23/00 Date DJ Koenig Department Director/City Manager 5/23/00 Date

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance. Forward three (3) completed copies of this form to Finance/Accounting within five (5) days of travel completion. Attach receipts for all expenses except for Auto mileage and small items where receipts are not available.

Special Instructions _____

FOR FINANCE DEPARTMENT

Date: _____ Advance Check No.: _____

Reimbursement Check No.: _____

CITY OF DANVILLE, VIRGINIA

Travel Advance/Reimbursement Report

mployee Name: Pamela Kay Baggerly Account Code: 01-3545-5501

ates of Travel: May 1-5 & May 8-9, 2000 Destination: Martinsville & Lynchburg

urpose: First Line Supervisor School

	Cost Estimated	Cost Actual
uition and Registration	$	$
odging		
irfare		
ersonal Vehicle _____ miles @ $.27		
Transportation Costs (Taxi, etc.)		
Meals and Tips		49.09
Other		

Total Estimated Amount $

Total Advance Requested $

Date Advance Needed ____/____/____

Total Actual $ 49.09

Balance Due (Check one) City___ Employee x $ 49.09

(Using Advance and Actual Totals, subtract lesser amount from higher amount and enter amount due.)

Advance Authorization _____ Employee Signature _____ Date _____ Department Director/City Manager _____ Date

Reimbursement Authorization X Pamela K Baggerly Employee Signature 5-26-00 Date DR Yeame 5 30 00 Department Director/City Manager Date

Forward one (1) copy of this form with appropriate sections completed to Finance/Accounting three (3) days before day of advance. Forward three (3) completed copies of this form to Finance/Accounting within five (5) days of travel completion. Attach receipts for all expenses except for Auto mileage and small items where receipts are not available.

Special Instructions

FOR FINANCE DEPARTMENT

Date: _____ Advance Check No.: _____

Date: _____ Reimbursement Check No.: _____

Language Line services

CUSTOMER: CITY OF DANVILLE - EMERGENCY SERVICES
ATTN: DOUGLAS YOUNG
PO BOX 3300
DANVILLE VA 24543

ACCOUNT NUMBER: 902-0922020
INVOICE DATE: 06 Dec 00
DUE DATE: PAYABLE UPON RECEIPT
FOR BILLING INQUIRIES: (800)752-6096
INVOICE NUMBER: 0922020-2000-11

BALANCE BROUGHT FORWARD

PRIOR BALANCE	$0.00	
PAYMENTS	$0.00	
ADJUSTMENTS	$0.00	
BALANCE FORWARD		$0.00

DEPARTMENT: ES

NEW CHARGES

OVER-THE-PHONE INTERP	$0.00	
OTHER CHARGES	$35.00	
STATE/LOCAL TAX	$0.00	
TOTAL NEW CHARGES		$35.00
NEW BALANCE		$35.00

01 13545.3006 $35.00

MESSAGES

Thank you for using Language Line Services. This invoice reflects usage from Nov 01 - Nov 30. For any billing questions please call the service number listed at the top of this page.

902818 Rev 0.3 07/99

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE FOR PROPER AND TIMELY CREDIT.

Language Line services

PLEASE WRITE YOUR ACCOUNT NUMBER (902-0922020) ON YOUR CHECK

AMOUNT DUE: $35.00

INVOICE DATE: 06 Dec 2000
DUE DATE: PAYABLE UPON RECEIPT
INVOICE NUMBER: 0922020-2000-11

902092202012060000035007

CITY OF DANVILLE - EMERGENCY SERVICES
ATTN: DOUGLAS YOUNG
PO BOX 3300
DANVILLE VA 24543

MAKE CHECKS PAYABLE TO:
LANGUAGE LINE SERVICES
DRAWER P O BOX 641138
DETROIT MI 48264-1138

ITEM	DATE	CLIENT ID	DESCRIPTION	CHARGE	CREDIT

OTHER CHARGES:

1	01 Nov 2000		Membership Renewal Fee	$35.00

SUMMARY	MINUTES	CHARGES
Over-the-Phone Interpretation Usage Charges		$0.00
Your Over-the-Phone Interpretation Charges this month are :		$0.00

* MINUTES: Usage is billed in one-minute increments

* RATE CODE KEY:

1st Position	2nd Position	3rd Position	4th Position
D = Domestic	P = Daytime	1-4 = Language Tier	S = Special Intepreter Rate
I = International	N = Nights/Weekends/ Holidays		
S = Special Access			

ASSOCIATION OF PUBLIC-SAFETY COMMUNICATIONS OFFICIALS-INTERNATIONAL, INC.
2040 S. RIDGEWOOD AVE. SUITE #205
SOUTH DAYTONA, FLORIDA 32119
TELEPHONE (904) 322-2500
FEDERAL ID #63-0461885

INVOICE

INVOICE DATE 02/22/2000
INVOICE NO. 010774

CUSTOMER NO. ED3064
SALESPERSON
PAGE 1
Order Number PO#555

SOLD TO:

PURCHASING DEPARTMENT
CITY OF DANVILLE VA
ACCOUNTS PAYABLE
PO BOX 3300
DANVILLE, VA 24543

SHIP TO:

CHRIS GOSS
CITY OF DANVILLE VA
MUNICIPAL BUILDING
427 PATTON STREET
DANVILLE, VA 24543

F.O.B. POINT	CUSTOMER ORDER NO.	SHIP VIA	TERMS	OUR ORDER NO.
	PO#555		UPON RECEIPT	023877

ITEM NO/SERIAL NO.	UNIT	QUANTITY ORDERED	BACKORDERED	SHIPPED	UNIT PRICE	EXTENDED PRIC
40 HR STUDENT BTC STUDENT MANUAL VER 4		3.00	0.00	3.00	60.000	180.00

NO REFUNDS NO RETURNS

UPS GROUND

DEPARTMENT: ES
ADD. & EXTENSIONS VERIFIED BY: DATE REC. 2/25/00
PRICES VERIFIED BY:
PURCHASE ORDER:
DATE APPROVED BY: DAY 3/100
FUND 01 DEPT 354 ACCT 5502
WORK ORDER
DUE DATE
DISCOUNT

Sales Total	180.0
Trade Discount	0.0
Freight	25.2
Misc. Charges	0.0
Tax Total	0.0

Association of Public Safety Communications Officials International, Inc.
2040 S. RIDGEWOOD AVE. SUITE #205
SOUTH DAYTONA, FLORIDA 32119
TELEPHONE (904) 322-2500
FEDERAL ID #63-0461885

INVOICE

INVOICE DATE 06/13/2000
INVOICE NO. 013038

CUSTOMER NO ED3064
SALESPERSON
PAGE 1
Order Number PO #561

SHIP TO:

PURCHASING DEPARTMENT
CITY OF DANVILLE VA
MUNICIPAL BLDG ROOM 304
427 PATTON STREET
DANVILLE, VA 24541

CHRIS GOSS
CITY OF DANVILLE VA
MUNICIPAL BUILDING BASEMENT
427 PATTON STREET
DANVILLE, VA 24543

F.O.B. POINT	CUSTOMER ORDER NO.	SHIP VIA	TERMS	OUR ORDER NO.
	PO #561	UPS GROUND	UPON RECEIPT	026226

ITEM NO./SERIAL NO.	UNIT	QUANTITY ORDERED	BACKORDERED	SHIPPED	UNIT PRICE	EXTENDED PRICE
114209 ELECTRONIC DORS (CTO)		1.00	0.00	1.00	309.000	309.00
114209 EMPLOYEE EVALUATION SOFTWARE		1.00	0.00	1.00	309.000	309.00
114209 IDRT TRAINING PACKAGE (FAXED 6/13/00)		1.00	0.00	1.00	495.000	495.00

NO REFUNDS NO RETURNS

UPS GROUND

DEPARTMENT: ES

ADD. & EXTENSIONS VERIFIED BY:	DATE REC.
PRICES VERIFIED BY:	
PURCHASE ORDER	354-2
DEPT. APPROVAL BY:	DATE APPROVED 6/20/00

ACCOUNT CODE

FUND	DEPT.	ACCT. NO.	COST CODE
01	3545	5502	$1,190.91

WORK ORD.	SERIAL	VOUCHER NO

DUE DATE	DISCOUNT

Sales Total	1113.00
Trade Discount	0.00
Freight	77.93
Misc. Charges	0.00
Tax Total	0.00

PIEDMONT REGIONAL CRIMINAL JUSTICE TRAINING ACADEMY

June 13, 2000

Director Douglas R. Young
Danville Emergency Services
PO Box 3300
Danville, VA 24543

Dear Director Young:

Based on the figures provided by your department in the 2000-2001 Charter Agreement, the following amount has been assessed to your department.

AMOUNT OF PERSONNEL	AMOUNT PER PERSON	TOTAL AMOUNT
22	$175.00	$3,850.00

Please sign the Charter Agreement and return it to the Academy. Payment of Assessment Fee will be due within ninety days after June 15, 2000. If you have any questions, please give us a call.

Best Regards,

Charles E. Long, Sr.
Executive Director

CEL/gs

Enclosure

DEPARTMENT: ES
ACC. & EXTENSIONS VERIFIED BY: | DATE REC.
PRICES VERIFIED BY:
PURCHASE ORDER:
DEPT. APPROVAL BY: | 7/11/00
FUND: 01 | DEPT: 3545 | 5502 | $3,850.00
ORDER NO. | RECEIVED | VOUCHER NO. 071
DUE DATE | DISCOUNT

DEPARTMENT:
ACC. & EXTENSIONS VERIFIED BY: | DATE REC.
PRICES VERIFIED BY:
PURCHASE ORDER:
DEPT. APPROVAL BY: | DATE APPROVED
FUND | DEPT. | DUE DATE
ORDER NO. | RECEIVED | VOUCHER NO.
DUE DATE | DISCOUNT

3/14/00 8691

PLEASE INCLUDE THIS INVOICE NUMBER
WITH YOUR PAYMENT.THANK YOU.

REVISED - 03/22/00 - 1 ADDITIONAL HOST
FREE SEAT.

DANVILLE EMERGENCY SVS
ATTN DOUG YOUNG
PO BOX 3300
DANVILLE VA 24543

3/14/00

4	9-1-1 Liability Training Seminar	169.00	676.00
-2	9-1-1 Liability Training Seminar/HOST FREE SEAT DANVILLE EMERGENCY SERVICES, SEMINAR #990402 LIB FEB 28, 2000	169.00	-338.00

HOST BILLING

14 ATTENDED
4 FROM HOST
2HOST FREE SEAT

DEPARTMENT: ES
ADD & EXTENSIONS VERIFIED BY: DATE REC.
PRICES VERIFIED BY:
PURCHASE ORDER
DEPT. APPROVAL BY: 7TH 1900
ACCOUNT CODE

FUND	DEPT.	ACCT. NO	COST CODE
01	3545	5502	$338.00

ORDER ORD. RECEIVER VOUCHER NO
DUE DATE DISCOUNT

THANK YOU FOR HOSTING THIS POWERPHONE SEMINAR.

$338.00

Col. M. Wayne Huggins
Superintendent

(804) 674-2000

COMMONWEALTH of VIRGINIA

DEPARTMENT OF STATE POLICE

P. O. BOX 27472, RICHMOND, VA 23261-7472

July 19, 2000

Chief T. Neal Morris
Danville Police Department
Box 3300
Danville, Virginia 24543

Dear Chief Morris:

Leon Jones of your agency attended our VCIN Instructor Training Course at the Virginia State Police Academy from June 26 through June 30, 2000. The cost for his lodging and breakfast at the academy was $60.00. Please forward a check for this amount made payable to the Department of State Police.

If you should have any questions, please contact my office.

Sincerely,

Stephen D. Childress

Stephen D. Childress, Captain
Criminal Justice Information Services Division
804/674-2148

SDC/KDB/msd

cc: Trooper James W. Hogan

C:\My Documents\BROOKS\INSTRUCTOR SCHOOL-Billing.Doc

DEPARTMENT: ES			
ADD. & EXTENSIONS VERIFIED BY:			DATE REC.
PRICES VERIFIED BY:			
PURCHASE ORDER			
DEPT. APPROVAL BY:			7/24/00
ACCOUNT CODE			
FUND	DEPT.	ACCT. NO.	COST CODE
01	3545	5501	$60.00
WORK ORD.	RECEIVER		INVOICE NO.
DUE DATE			DISCOUNT

Sprint®

DIRECT SALE QUOTATION

Multimedia Sales Group

COPY

CUSTOMER: City of Danville E911
LOCATION: Danville VA 24543
SPRINT LOG NO.: 72064
PROPOSAL DATE: November 4, 1999
SALESPERSON: Kelly Curd

1 Year Centurion Service Agreement - Positron E911 System

LINE ITEM	PROPOSED QUANTITY	TYPE UNITS	LINE ITEM DESCRIPTION	PRICE UNIT	PRICE EXTENDED
1	1	Each	Annual Charge - 1 Year Service Agreement (7x24 Support)	15,795.00	15,795.00
			Positron E911 System		
			(1) Positron Lifeline 100 Controller		
			(7) NIM modules		
			(1) Position Controller		
			(3) Interconnect Panels		
			(5) IAP Plus ELD w/ 60 buttons		
			(5) Express TDD keyboard		
			(1) System Software		
			(1) CAD Interface Software		
			(3) Telephone Interface with Caller ID for up to 8 lines		
			(5) Headsets, Plantronics Star Top		
			(1) Callreporter Plus, computer, printer		
			(1) Netclock software and hardware		
			(1) Demand ALI print		
			(1) Miscellaneous (printers, modems)		
			(3) PS 1000 UPS		
				GRAND TOTAL:	15,795.00

SPRINT CENTURION MAINTENANCE - ANNUAL RATE:

NOTES:

1. Prices quoted are valid not more than 60 days from proposal date.
2. Purchased items carry a 90 day Sprint warranty against defects in materials and workmanship, unless contracted otherwise.
3. Warranty upgrade with on-site support and hardware replacement is available through Sprint's Centurion maintenance program.

verizon

Acct 023 792 4284 911 17 Apr 13 01

COPY

Payment Page Send with your payment Amount Due

Notice: Late charge details on Summary page $61039.08

00008891 1 AT 0.20 01

CITY OF DANVILLE
DEPT PUBLIC WORKS
PO BOX 3300
DANVILLE VA 24543-3000

DEPARTMENT: ES
ADD. & EXTENSIONS VERIFIED BY: DATE REC.
PRICES VERIFIED BY:
PURCHASE ORDER
BY:
July 4-7-01

Please Pay:
Verizon
By May 12

AMOUNT PAID
$ 0988.28

Questions call
540 265-5050

~~PO Box 17398 Baltimore MD 21297-0429~~ 540 265-5050 0988.28

INVOICE NO. DUE DATE DISCOUNT

10902307924284911203329200105146000021536410006103908700000

verizon

Acct 023 792 4284 911 17 Apr 13 2001

Summary

Amount Past Due
$ 2598.58 Last bill
-444.94 Adjustments
2153.64 Balance overdue from last bill-please pay promptly

Current charges
58885.44 Verizon
$58885.44 Subtotal Pay Verizon by May 12

Page 3

$61039.08 Pay Verizon

This bill was mailed on Apr 19, 2001.
A late payment charge of 1.5% will apply
to any amounts not received by May 12.

10902307924284911203329200105146000021536410006103908700000

Page 1

verizon

Acct 023 792 4284 911 17 Apr 13 2001

Verizon Charges

$ 338.64 Monthly Service Apr 13-May 12 The
18.50 Mar 27-Charge for processing order
Order # C 4333708
58496.00 Charge for connection of service
Order # C 4333708
32.30 Apr 13-Late Payment Charge
1.5% of $2153.64 balance from last bill
$58546.80 Subtotal Verizon Charges

$58885.44 Total Verizon

Questions call 540 265-5050

COPY

verizon

Acct 023 792 4284 911 17

Mar 13 2001

Payment Page

Send with your payment

Amount Due

$2598.58

Notice: Late charge details on Summary page

DEPARTMENT: ES

00009150 1 AT 0.267 01

CITY OF DANVILLE
DEPT PUBLIC WORKS
PO BOX 3300
DANVILLE VA 24543-3300

Please Pay:
Verizon
By Apr 12

AMOUNT PAID

$ ☐☐☐☐.☐☐

PO Box 17398
Baltimore MD 21297-0429

01 3546 5205 $2,153.64

Questions call
540 265-5050

DUE DATE

DISCOUNT

10902307924284911203329200104131000022265460000259858900000

$930.00 = First Trunk installment

+ $930.00 = Second Trunk installment

$1,860.00

+ 293.00 = Paid only ½ of Feb. monthly maint. fee

$2,153.00

(Regular monthly maint. fee will be $354.00)

Language Line services

COPY

CUSTOMER: CITY OF DANVILLE - EMERGENCY SERVICES
ATTN: DOUGLAS YOUNG
PO BOX 3300
DANVILLE VA 24543

ACCOUNT NUMBER: 902-0922020
INVOICE DATE: 06 Aug 01
DUE DATE: PAYABLE UPON RECEIPT
FOR BILLING INQUIRIES: (800)752-6096
INVOICE NUMBER: 0922020-2001-07

BALANCE BROUGHT FORWARD

PRIOR BALANCE	$0.00	
PAYMENTS	$0.00	
ADJUSTMENTS	$0.00	
BALANCE FORWARD		$0.00

NEW CHARGES

OVER-THE-PHONE INTERP	$28.00	
OTHER CHARGES	$0.00	
STATE/LOCAL TAX	$0.00	
TOTAL NEW CHARGES		$28.00
NEW BALANCE		$28.00

ES

8-13-01

01 3545 3006 $ 28.00

MESSAGES

Thank you for using Language Line Services. This invoice reflects usage from Jul 01 - Jul 31. For any billing questions please call the service number listed at the top of this page.

30281K Rev 0.3 07/99

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE FOR PROPER AND TIMELY CREDIT.

Language Line services

PLEASE WRITE YOUR ACCOUNT NUMBER (902-0922020) ON YOUR CHECK

AMOUNT DUE: $28.00

INVOICE DATE: 06 Aug 2001
DUE DATE: PAYABLE UPON RECEIPT
INVOICE NUMBER: 0922020-2001-07

902092202008060100002800 1

CITY OF DANVILLE - EMERGENCY SERVICES
ATTN: DOUGLAS YOUNG
PO BOX 3300
DANVILLE VA 24543

MAKE CHECKS PAYABLE TO:
LANGUAGE LINE SERVICES
DRAWER P O BOX 641138
DETROIT MI 48264-1138

ACCOUNT NUMBER: 902-0922020 INVOICE DATE: 06 Aug 2001

ITEM	DATE	TIME	LANG	INTERPRET NUMBER	PERSONAL CODE	REFERENCE NUMBER	RATE CODE*	MINUTES*	CHARGE
	Client Id : 922020			CITY OF DANVILLE - EMERGENCY SERVICES					
1	02 Jul 2001	20:50	SPA	002916	FERGUSON	214374991	DN1	7	$28.00

SUMMARY

	MINUTES	CHARGES
Over-the-Phone Interpretation Usage Charges	7	$28.00
Your Over-the-Phone Interpretation Charges this month are :		$28.00

You have met your monthly minimum and this amount is reflected in your bill.

* MINUTES: Usage is billed in one-minute increments

* RATE CODE KEY:

1st Position	2nd Position	3rd Position	4th Position
D = Domestic	P = Daytime	1-4 = Language Tier	S = Special Intepreter Rate
I = International	N = Nights/Weekends/ Holidays		
S = Special Access			

Invoice

POWERPHONE, INC.
P.O. BOX 1911
MADISON, CT 06443-0900
PH (203) 245-6911 FAX (203) 245-3022

PLEASE INCLUDE THIS INVOICE NUMBER
WHEN SUBMITTING YOUR PAYMENT

DATE	INVOICE #
1/28/00	7966

BILL TO:

DANVILLE EMERGENCY SVS
ATTN DOUG YOUNG
PO BOX 3300
DANVILLE VA 24543

PLEASE INCLUDE THIS INVOICE NUMBER
WITH YOUR PAYMENT

HOST BILL

P.O. NUMBER	TERMS	PROJECT
	1/28/00	

QUANTITY	DESCRIPTION	RATE	AMOUNT
5	Suicide Intervention for Dispatchers	169.00	845.00
-2	Suicide Intervention for Dispatchers	169.00	-338.00

DANVILLE EMERG SERVICES
SUI 99-0400 JAN 24, 2000

HOST BILL
13 TOTAL ATTENDED
5 FROM HOST
-2 HOST/FREE SEATS

THANK YOU for hosting our PowerPhone seminar.

DEPARTMENT: CS
DATE REC. 2-7-00
PURCHASE ORDER
DATE APPROVAL
2-8-00
PLAN 01 | DEPT 13545 | ACCT 5502
DUE DATE
DISCOUNT

We appreciate your prompt payment.

TOTAL $507.00

Invoice

POWERPHONE, INC.
P.O. BOX 1911
MADISON, CT 06443-0900
PH (203) 245-8911 FAX (203) 245-3022

PLEASE INCLUDE THIS INVOICE NUMBER
WHEN SUBMITTING YOUR PAYMENT

DATE	INVOICE #
4/24/00	9268

BILL TO:

HOST BILL

DANVILLE EMERGENCY SVS
ATTN DOUG YOUNG
PO BOX 3300
DANVILLE VA 24543

P.O. NUMBER	TERMS	PROJECT
	4/24/00	

QUANTITY	DESCRIPTION	RATE	AMOUNT
2	Stress Identification & Management Seminar	169.00	338.00
-2	Stress Identification & Management Seminar	169.00	-338.00
	DANVILLE EMERGENCY SERV., SEMINAR #99-0401, SIM, APRIL 17, 2000		
	18 ATTENDED 2 FROM HOST 2 FREE SEATS/ NENA		
	THANK YOU FOR HOSTING THIS POWERPHONE SEMINAR. WE HOPE IT PROVED TO BE BENEFICIAL FOR YOUR AGENCY AND THAT YOU WILL CONSIDER HOSTING AGAIN.		

DEPARTMENT Emergency Services
FUND 01 3545 5502
DUE DATE DISCOUNT

THANK YOU FOR HOSTING THIS POWERPHONE SEMINAR.

TOTAL $0.00

POWERPHONE, INC.
P.O. BOX 1911
MADISON, CT 06443-0900
PH (203) 245-8911 FAX (203) 245-3022
PLEASE INCLUDE THIS INVOICE NUMBER
WHEN SUBMITTING YOUR PAYMENT

Invoice

DATE	INVOICE #
5/11/00	9522

BILL TO:

DANVILLE EMERGENCY SVS
ATTN DOUG YOUNG
PO BOX 3300
DANVILLE VA 24543

PLEASE INCLUDE THIS INVOICE NUMBER WITH YOUR REMITTANCE. THANK YOU.

P.O. NUMBER	TERMS	PROJECT
	5/11/00	

QUANTITY	DESCRIPTION	RATE	AMOUNT
2	Fire Service Dispatch Seminar LYNCHBURG EMER OPR CTR., SEMINAR #00-0070, FSD, MAY 8-9, 2000 2 WALK-IN'S 1. LISA RICHARDSON 2. ROBERT FERGUSON	199.00	398.00

DEPARTMENT: Emergency Svcs.
ADD & EXTENSIONS VERIFIED BY:
DATE REC.
PRICES VERIFIED BY:
PURCHASE ORDER
DEPT. APPROVAL BY: DM 5-16-00

FUND	DEPT.	ACCT. NO.	GOOD COST
01	3545	5502	398.00

ORDER DATE | RECEIVED | GOODS RECEIVED
DUE DATE | DISCOUNT

We appreciate your prompt payment.

TOTAL $398.00

Language Line services

CUSTOMER: CITY OF DANVILLE - EMERGENCY SERVICES
ATTN: DOUGLAS YOUNG
PO BOX 3300
DANVILLE VA 24543

ACCOUNT NUMBER: 902-0922020
INVOICE DATE: 06 Feb 01
DUE DATE: PAYABLE UPON RECEIPT
FOR BILLING INQUIRIES: (800)752-6096
INVOICE NUMBER: 0922020-2001-01

BALANCE BROUGHT FORWARD

PRIOR BALANCE	$0.00	
PAYMENTS	$0.00	
ADJUSTMENTS	$0.00	
BALANCE FORWARD		$0.00

NEW CHARGES

OVER-THE-PHONE INTERP	$52.50		
OTHER CHARGES	$0.00		
STATE/LOCAL TAX	$0.00		
TOTAL NEW CHARGES		$52.50	
NEW BALANCE			$52.50

MESSAGES

Thank you for using Language Line Services. This invoice reflects usage from Jan 01 - Jan 31. For any billing questions please call the service number listed at the top of this page.

902B1R Rev 0.3 07/33

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE FOR PROPER AND TIMELY CREDIT.

Language Line services

PLEASE WRITE YOUR ACCOUNT NUMBER (902-0922020) ON YOUR CHECK

AMOUNT DUE: $52.50

INVOICE DATE: 06 Feb 2001
DUE DATE: PAYABLE UPON RECEIPT
INVOICE NUMBER: 0922020-2001-01

902092202002060100005250 5

CITY OF DANVILLE - EMERGENCY SERVICES
ATTN: DOUGLAS YOUNG
PO BOX 3300
DANVILLE VA 24543

MAKE CHECKS PAYABLE TO:
LANGUAGE LINE SERVICES
DRAWER P O BOX 641138
DETROIT MI 48264-1138

ACCOUNT NUMBER: 902-0922020 INVOICE DATE: 06 Feb 2001

ITEM	DATE	TIME	LANG	INTERPRET NUMBER	PERSONAL CODE	REFERENCE NUMBER	RATE CODE*	MINUTES*	CHARGE
	Client Id : 922020				CITY OF DANVILLE - EMERGENCY SERVICES				
1	12 Jan 2001	15:41	SPA	004526	375	214256446	DP1	15	$52.50

SUMMARY

	MINUTES	CHARGES
Over-the-Phone Interpretation Usage Charges	15	$52.50
Your Over-the-Phone Interpretation Charges this month are :		$52.50

You have met your monthly minimum and this amount is reflected in your bill.

* MINUTES: Usage is billed in one-minute increments

* RATE CODE KEY:

1st Position	2nd Position	3rd Position	4th Position
D = Domestic	P = Daytime	1-4 = Language Tier	S = Special Intepreter Rate
I = International	N = Nights/Weekends/ Holidays		
S = Special Access			

DEPARTMENT ES

21401 DRY

01 3515 3006 $52.50

DUE DATE DISCOUNT

MPDS Order Form (USA)

Attn: Jason E Nuttall
Tel: 800-363-9127 ext.114
Fax: 801-363-9144

Medical Priority Consultants™
139 E. South Temple, Suite 500
Salt Lake City, Utah 84111 U.S.A.
www.medicalpriority.com

Date:

FILE COPY

Bill to: Danville Emerg Serv
Attn: Chris Goss
427 ~~Fetten~~ 427 Patton ST
Danville, VA 24543
phone: (804)799-6535
fax: 1-804-797-8938

Ship to: Danville Emerg Serv
Attn: Chris Goss
427 ~~Fetten~~ 427 Patton St.
Danville, VA 24543
phone: (804)799-6535
fax: 1-804-797-8938

Please send information on ProQA Expert EMD dispatch software [ ] and/or AQUA EMD Quality Assurance software [ ]

All amounts are in U.S. Dollars

EMD Advancement Series (continuing education)	Quantity	Unit Price	Total Price
1. Stroke (1 CD-Rom)		$165	
2. Seizure (1 CD-Rom)		$165	
EMD Advancement Series CDE Subscription ($110 savings for 4 CD-Roms, 1 each quarter)	1	$550	$490.00

Licensed MPDS™ Products	Quantity	Unit Price	Total Price
MPDS Cardset v10.3 ENGLISH		$465	
[ ] SPANISH [ ] FRENCH [ ] GERMAN [ ] ITALIAN		$595	
Pocket User Guide		$10	

The above products are available only to licensed users of the MPDS. Currently licensed users enter license number here. License #: _____

Other MPDS Products	Quantity	Unit Price	Total Price
Case Entry pads (set of 500)		$15	
SEND Card (Medical Miranda) (set of 30)		$15	
Principles of EMD (2nd edition, hard cover)		$59	
Replacement plastic sleeves for cardset (set of 40)		$60	
Cardset Stand (hinged metal stand to hold cardset)		$45	
		SUBTOTAL	$490.00

Order Subtotal	Ground	2-Day	Overnight
$0-$99	$8	$10	$18
$100-$499	$10	$15	$30
$500-$999	$20	$35	$40
$1,000-$2,999	$30	$42	$55
$3,000-$4,999	$40	$55	$68

SHIPPING (see table) For purchases shipped outside the U.S. add $30 U.S. currency to prices in the table to the left.	$10.00
TOTAL	$500.00

Above prices are not of any applicable taxes, import duties or other assessments, which are the sole obligation of buyer.

PAYMENT METHOD: (Check enclosed, or...)

(✓) Purchase Order # 354-2

[ ] Visa/Mastercard # _____

Exp. _____

Authorized signature acknowledges licensee's agreement to "break-the-seal license agreement" and agreement to pay invoice.
Said License is included with all sealed card sets, and you will have opportunity to read it before breaking the seal. If unacceptable, you may promptly return the sealed cards for a refund.

Sign here X Chris L. Goss

Date 3-23-00

May 1, 2000

INVOICE

NO. X0005010

Medical Priority

Medical Priority Consultants, Inc.
139 E. South Temple, Ste. 500
Salt Lake City, Utah 84111
United States of America
Tel: (801)363-9127
Fax: (801)363-9144

Bill to:
Danville Emerg Serv
Municipal Bldg. Room 304
427 Patton Street
Danville, VA 24541 USA

Deliver To:

Sales Contact: Kim Wardrop

Purchase Order:

Payment Terms: Net 30 Days

Our Job

Quantity	*Description*	*Unit Price*	*Extension*
1	ProQA Software extended service warranty License number, P000007C9	2025.00	2025.00

Please pay from this invoice in US Dollars. Make checks payable to Medical Priority Consultants.

Check No:

Utah sales tax	
Invoice Total	2025.00
Less amount received	
NET DUE	**$2025.00**

Oct 13, 2000

F-YI

INVOICE
No. 35471

139 East South Temple, Suite 500
Salt Lake City, Utah 84111-1103
801-363-9127, Fax 363-9144

Bill to: DANVE01

CITY OF DANVILLE EMERG SERV
ATTN: CHRIS GOSS
PO BOX 3300
DANVILLE, VA 24041

Deliver To:

CITY OF DANVILLE EMERG SERV
ATTN: CHRIS L. GOSS
427 PATTON STREET
DANVILLE, VA 24541

Sales contact: KIM WARDROP

Purchase Order:

Payment Terms: Net 30 Days

Our Job No:

Quantity	*Description*	*Unit price*	*Extension*
7	ANNUAL MAINTENANCE AGREEMENT FOR CARDSETS. LICENSE NO: 90-12249	23.00	161.00
1	V11.0 UPDATE VIDEO	165.00	165.00
18	V11.0 UPDATE WORKBOOK	12.50	225.00
1	SHIPPING AND HANDLING	20.00	20.00

Please pay from this invoice in US Dollars.
Make checks payable to Medical Priority Consultants.

Utah sales tax

Invoice total 571.00

Check No: MC5405390000167689

Less amount received 571.00

NET DUE 0.00

talked to Ken 10-24-00

Professional Pride, Inc.
1812 Pease Ave
Sumner, WA 98390
(253) 891-9084

Professional Pride, Inc.

COPY

Invoice

DATE	INVOICE #
7/6/99	4672A

BILL TO	SHIP TO
City of Danville c/o Doug R Young PO Box 3300 Danville, VA 23543	City of Danville-City Hall Municipal Bldg Basement 427 Patton St Danville, VA 23543 Attn: Doug Young

P.O. NUMBER	TERMS	REP	SHIP	VIA	PROJECT	SERIAL#
PR007047	30 Days		7/16/99	UPS		1381

QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
1	StarZ Package	Total StarZ Package!	3,995.00	3,995.00
	Shipping	Shipping 9%	75.00	75.00
		City of Sumner	8.40%	0.00

DEPARTMENT: ESC
ADD. & EXTENSIONS VERIFIED BY: DATE REC.
PRICES VERIFIED BY:
PURCHASE OR 7047
DATE APPROVED 8/3/99
ALLOCATION
FUND 01 SUBV. 3546 AREA SUB. 800 COST CODE
WORK ORD. RECEIVED VOUCHER NO.
DUE DATE DISCOUNT

Transferred to 911 Per Doug 3545

	Total	$4,070.00

SERVICE INVOICE

Headquarters:
1000 Business Center Drive
Lake Mary, FL 32746
(407) 304-3235

Application Solutions for Government

IBM Business Partner

INVOICE DATE 06/05/00

INVOICE NO. 559679

CUSTOMER NO. DAVL

TERMS

Contract #: 9809021

NET 30

BILL TO:

Kerry Goode-MIS Department
City of Danville
427 Patton Street
Room 303
Danville, VA 24541

Doc Type: MA

PAGE 1

DESCRIPTION	AMOUNT
ANNUAL MAINTENANCE FEES FOR THE PERIOD OF JULY 1, 2000 THOROUGH JUNE 30, 2001 ON THE FOLLOWING:	
ATOMIC CLOCK	518.00
CAD III	12110.00
CRIMES MGMT	7638.00
911	1211.00
EMERGENCY MEDICAL SYSTEM RPT	1863.00
FIRE RESOURCE ACTIVITY TRACK	2329.00
FIRE MGMT	6521.00
GIS	3493.00
IMAGE MGMT SYSTEM	3027.00
MEDICAL PRIORITY (PRO-QA)	2422.00
INTERFACE W/ARAMART	776.00
MAPPING	2795.00
PAGER CONNECT	518.00
CAD REDUNDANCY	3353.00
SCHEDULING	2329.00
STATE/NCIC	2515.00

DEPARTMENT: I.T.
ADD. & INSTALLATIONS VERIFIED BY: DATE REC.
PRICES VERIFIED BY:
PURCHASE ORDER —
DEPT. APPROVAL BY: DAS DATE APPROVED 7-13-00
ACCOUNT CODE
PHASE 01 DEPT. 1560 ACCT. NO. 3035 COST CODE
WORK ORD. RECEIVER VOUCHER NO. 071
A.P. DATE DISCOUNT

15,463

Invoice Date: JULY 25, 2000

Customer Service	Master Invoice	Customer Code
1-800-868-7480	A072500238	21838500

COPY

Billing Address:

CITY OF DANVILLE
PO BOX 3300
DANVILLE VA 24543-3300

Date Due:	AUG. 24, 2000
Total Due:	11,496.00

CUSTOMER SERVICE NOW ONLINE AT WWW.SPRINTBMO.COM

Total Charges Summary

Contract Sale	11,496.00
Total	11,496.00

Invoice Summary

A072500238	11,496.00
Invoice Total	11,496.00

This was encumbered from '99/'00 budget.

DEPARTMENT: E&S
ADD'L DETAILS VERIFIED BY
DATE REC.
PURCHASE ORDER 671
DRF 12700
FUND 01 | 3540 | 8001 | $11,496.00
DUE DATE
DISCOUNT

Please return this portion with payment

Customer Service	Master Invoice	Customer Code
1-800-868-7480	A072500238	21838500

☐ Check for Change of Address

Date Due:	AUG. 24, 2000
Total Amount Due	11,496.00
Amount Enclosed	

[245433300006]

B
CITY OF DANVILLE
PO BOX 3300
DANVILLE VA 24543-3300

Make checks payable to:

SPRINT
PO BOX 96031
CHARLOTTE, NC 28296-0031

[2829600319]

43 218385006 0A0725002387 1 0001149600 0001149600 4

CITY OF DANVILLE
427 Patton Street
Danville, VA 24543
(804) 799-6528
FAX: (804)-799-5102

Order Number	Release	Revision	Page
PO - 000175			1 of 1

Order Number must appear on all packages and documents

PURCHASE ORDER

SHIP TO

Management Information Systems
Room 120
427 Patton Street
Danville, VA 24541

Doug/Chris

SUPPLIER

MEDPRICON
MEDICAL PRIORITY CONSULTANTS v#2076
139 E SOUTH TEMPLE #500
SALT LAKE CITY, UT 84111

F41

BILL TO

Purchasing Department
Municipal Building, Room 304
427 Patton Street
Danville, VA 24541

Date Required	Order Date	Ship Via	FOB/Freight Terms	Payment Terms
Dec 28, 1999	Dec 28, 1999	BEST WAY	FOB DESTINATION	NET 30 DAYS

Requisition Number	Department	Buyer	Deliver To
	PUR	Vickie Love 799-6528	

Item No.	Quantity	U/M	Description	Unit Price	Extended Price
1	1	EA	Aqua Software Account#: 01-3545-8001 25-1560-8007	2,500.00	2,500.00
2	1	EA	Aqua Software Extended Service - I year Account#: 01-3545-8001 25-1560-8007	375.00	375.00
3	1	EA	Aqua Training Account#: 01-3545-8001 25-1560-8007	2,500.00	2,500.00
			Account Summary (For Internal Use Only)		
				Subtotal	5,375.00
				Total	5,375.00

This Order is subject to City of Danville's terms and conditions, a copy of which will be provided upon request. Commencement of any work pursuant to this order shall be deemed to be acceptance of these terms and conditions.

Purchasing Director	Phone

Stephen J Hudson
Finance Director

PURCHASING COPY

ORIGINAL COPY

CITY OF DANVILLE
PURCHASE REQUISITION

P.O. NO. 9904

Department/Division: Emergency Services

Date: 5/3/99

Account No.: 01 3540 · 5502

Requisition No.

Date Required: ASAP

Ship To: Emergency Services
Attn. Chris Goss, Assistant Director
427 Patton St
Danville, Va 24543

Originator/Title: Assistant Director

Date Order Placed:

Attach any pertinent information available to this request

ITEM	QUANTITY	STOCK NO.	DESCRIPTION	UNIT PRICE	EXTENSI
1	1		MPDS CARD SET V 10,3	395.00	395.00
2	1		CASE ENTRY PADS	15.00	15.00
			Shipping	10.00	10.00

Suggested Vendors:

Medical Priority
139. E South Temple, Suite 500
Salt Lake City, Utah 84111
Fax- 801-363-9144
Phone- 800-363-9127

2.

3.

4.

Estimated Cost: 420.00

I HEREBY CERTIFY THAT THE WORK OR SUPPLIES ABO
SPECIFIED ARE NECESSARY AND FUNDS ARE AVAILAB

DIVISION DIRECTOR

DEPARTMENT DIRECTOR

DO NOT WRITE BELOW

Vendor	Terms	Delivery	Delivery Date	Salesperson

May 5, 1999

INVOICE
No. 29889

Medical Priority
139 E. South Temple, Ste. 500
Salt Lake City, Utah 84111 USA
Tel: (801) 363-9127
Fax: (801) 363-9144

Bill to: DANVE01
CITY OF DANVILLE EMERG SERV
ATTN: CHRIS GOSS
PO BOX 3300
DANVILLE, VA 24041

Deliver To:

Sales contact: KIM WARDROP

Purchase Order:

Payment Terms: Net 30 Days

Our Job C-3581

Returned →

Quantity	*Description*	*Unit price*	*Extension*
6	EMD Training Course Manual-v19-North American English - Amount will be credited when books are returned unopened.	50.00	300.00
1	FIXED FEE FOR NOT HAVING 15 STUDENTS IN COURSE	500.00	500.00

Talked To
Kim 8-7-00
11:45 She will
Check on this

Please pay from this invoice in US Dollars. Make checks payable to Medical Priority Consultants.

Check No:

Utah sales tax	
Invoice total	800.00
Less amount received	0.00
NET DUE	$ 800.00

CMS1758 <300.00>
Dec 500.00

Apr 12, 2000

INVOICE
No. 33310

139 East South Temple, Suite 500
Salt Lake City, Utah 84111-1103
801-363-9127, Fax 363-9144

Bill to: DANVE01

Deliver To:

CITY OF DANVILLE EMERG SERV
ATTN: CHRIS GOSS
427 PATTON STREET
DANVILLE, VA 24543

Sales contact: JASON NUTTALL

Purchase Order: 354-2

Payment Terms: Net 30 Days

Our Job No:

Quantity	*Description*	*Unit price*	*Extension*
1	CDE ANNUAL SUBSCRIPTION (SERIES OF 4)	550.00	550.00
1	Discount	60.00	-60.00
1	SHIPPING AND HANDLING	10.00	10.00

PACKING SLIP

Please pay from this invoice in US Dollars.
Make checks payable to Medical Priority Consultants.

Utah sales tax

Invoice total 500.00

Check No:

Less amount received 0.00

NET DUE $ 500.00

MPDS Order Form (USA)

Attn: Jason E Nuttall
Tel: 800-363-9127 ext.114
Fax: 801-363-9144

139 E. South Temple, Suite 500
Salt Lake City, Utah 84111 U.S.A.
www.medicalpriority.com
Date:

Bill to: Danville Emerg Serv
Attn: Chris Goss
427 ~~Tatton~~ 427 Patton ST
Danville, VA 24543
phone: (804)799-6535
fax: 1-804-797-8938

Ship to: Danville Emerg Serv
Attn: Chris Goss
427 ~~Tatton~~ 427 Patton St.
Danville, VA 24543
phone: (804)799-6535
fax: 1-804-797-8938

Please send information on ProQA Expert EMD dispatch software [ ] and/or AQUA EMD Quality Assurance software [ ]

All amounts are in U.S. Dollars

EMD Advancement Series (continuing education)	Quantity	Unit Price	Total Price
1. Stroke (1 CD-Rom)		$165	
2. Seizure (1 CD-Rom)		$165	
EMD Advancement Series CDE Subscription ($110 savings for 4 CD-Roms, 1 each quarter)	1	$550	$490.00

Licensed MPDS™ Products	Quantity	Unit Price	Total Price
MPDS Cardset v10.3 ENGLISH		$465	
[ ] SPANISH [ ] FRENCH [ ] GERMAN [ ] ITALIAN		$595	
Pocket User Guide		$10	

The above products are available only to licensed users of the MPDS. Currently licensed users enter license number here. License #: _____

Other MPDS Products	Quantity	Unit Price	Total Price
Case Entry pads (set of 500)		$15	
SEND Card (Medical Miranda) (set of 30)		$15	
Principles of EMD (2nd edition, hard cover)		$59	
Replacement plastic sleeves for cardset (set of 40)		$60	
Cardset Stand (hinged metal stand to hold cardset)		$45	
		SUBTOTAL	$490.00

Order Subtotal	Ground	2-Day	Overnight
$0-$99	$8	$10	$18
$100-$499	$10	$15	$30
$500-$999	$20	$35	$40
$1,000-$2,999	$30	$42	$55
$3,000-$4,999	$40	$55	$68

SHIPPING (see table) For purchases shipped outside the U.S. add $30 U.S. currency to prices in the table to the left. — $10.00

Above prices are net of any applicable taxes, import duties or other assessments, which are the sole obligation of buyer.

TOTAL — $500.00

PAYMENT METHOD: (Check enclosed, or...)

[✓] Purchase Order # 354-2

[ ] Visa/Mastercard # _____

_____ Exp. _____

Authorized signature acknowledges licensee's agreement to "break-the-seal license agreement" and agreement to pay Invoice.
Said License is included with all sealed card sets, and you will have opportunity to read it before breaking the seal. If unacceptable, you may promptly return the sealed cards for a refund.

Sign here X Chris L. Goss Date 3-23-00

Jan 5, 2000

INVOICE
No. 32322

139 East South Temple, Suite 500
Salt Lake City, Utah 84111-1103
801-363-9127, Fax: 363-9144

Bill to: DANVE01

CITY OF DANVILLE
MUNICIPAL BLDG, RM 304
427 PATTON STREET
DANVILLE, VA 24541

Deliver To:

CITY OF DANVILLE
MANAGEMENT INFO SYSTEM, RM 120
427 PATTON STREET
DANVILLE, VA 24541

Sales contact: JASON NUTTALL

Purchase Order: 000175

Payment Terms: Net 30 Days

Our Job No:

Quantity	*Description*	*Unit price*	*Extension*
1	AQUA Software. LICENSE NO: A000007C7	2,500.00	2,500.00
1	One year extended service agreement - AQUA	375.00	375.00
1	AQUA TRAINING	2,500.00	2,500.00
1	SHIPPING AND HANDLING	10.00	10.00

MIS
1-14-00
000175

Rcvd
1-10/00

Please pay from this invoice in US Dollars.
Make checks payable to Medical Priority Consultants.

Utah sales tax

Invoice total 5,385.00

Check No:

Less amount received 0.00

NET DUE $ 5,385.00