

## Funds Request Required Documents

Project: ARP-12

Request#: 2

Date Submitted for payment: 11-29-22

COPY

- Funds Request Form
- Invoice copies
- Progress Report

# Barbour County Commission

## American Rescue Plan

### Funds Request

Project FY: 2022 Funds Request FY: \_\_\_\_\_

Submit to: [sfrev@barbourcountywv.org](mailto:sfrev@barbourcountywv.org)

Funds Request #: 2

Organization Name: Barbour County EMS	ARP ID #: ARP-12																		
Mailing Address: <del>85 Judy Lane</del> <i>PO Box 55</i> Philippi, WV 26416	Request date: <i>11-29-2022</i>																		
Funds Allocated: \$204,947.03  Funds Requested on this report: \$ <i>25542.19</i> Funds Requested to date: \$ <i>103597.99</i> Funds Available: \$ <i>101249.04</i>	Drawdown details: <table border="1"> <thead> <tr> <th>Vendor</th> <th>Invoice #</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td><i>STRIKER</i></td> <td><i>3962279M</i></td> <td><i>\$ 25842.19</i></td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td>\$</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total</td> <td><i>\$ 25842.19</i></td> </tr> </tbody> </table> <p style="text-align: center;">Include copies of Invoices</p>	Vendor	Invoice #	Amount	<i>STRIKER</i>	<i>3962279M</i>	<i>\$ 25842.19</i>			\$			\$			\$	Total		<i>\$ 25842.19</i>
Vendor	Invoice #	Amount																	
<i>STRIKER</i>	<i>3962279M</i>	<i>\$ 25842.19</i>																	
		\$																	
		\$																	
		\$																	
Total		<i>\$ 25842.19</i>																	

Internal Use:

Date Received:	Account Number:	Amount:
<i>11-28-22</i>	001-444-567-9003-9	<i>\$25,842.19</i>

# Barbour County Commission

## American Rescue Plan

### Progress Report

Project FY: 2022 Funds Request FY: \_\_\_\_\_

Describe your activity, progress, achievements, and difficulties encountered below. PLEASE BE DESCRIPTIVE. A progress report is due with each funds request. Email submission of this report is preferred. Send to [sfrev@barbourcountywv.org](mailto:sfrev@barbourcountywv.org)

Organization Name: Barbour County EMS	ARP ID#: ARP-12
Mailing Address: <del>85 Judy Lane</del> PO Box 55 Philippi, WV 26416	Date of report: 11-28-2022
Report Completed By: ROBERT G JONES Title: DIRECTOR Telephone #: 304-457-2057 Email Address: BARBOUREMS@AOL.COM	
AN INVOICE WAS RECEIVED TODAY FOR THE 6307 POWER PRO CUT THAT WAS DELIVERED ON 11-22-2022.  ADDITIONAL EQUIPMENT MAY ARRIVE BY THE END OF THE YEAR	

# INVOICE



**SHIP TO:** 1150643  
**BARBOUR COUNTY EMER SQUAD**  
 15394 BARBOUR COUNTY HWY  
 PHILIPPI WV 26416

**MAKE PAYMENT TO:**  
**STRYKER SALES, LLC**  
 P.O. BOX 93308  
 CHICAGO, IL 60673-330  
 PH - 1-800-733-2383

**CONTACT:**  
**STRYKER MEDICAL**  
 1901 Romence Rd Parkway  
 Portage, MI 49002  
 Phone Number: (800) 327-0770  
 Fax Number: (866) 551-2618  
 www.stryker.com

**BILL TO:** 1080886  
**BARBOUR COUNTY EMER SQUAD**  
 PO BOX 55  
 PHILIPPI WV 26416-0055

INVOICE NUMBER	DATE	CUSTOMER P.O.	SALES REP	ORDER NUMBER	PAGE
3962279 M	11/21/22	Shayne Brown 5-5-22	WARD, CHRISTOPHER	10654507 SO	1 of 1

TERMS	SHIPPING METHOD
Net 30 days	

SHIPPING INSTRUCTIONS	DELIVERY INSTRUCTIONS

LINE NO.	DESCRIPTION	ITEM NUMBER	GTIN	PROMO CODE	SERIAL NUMBER	QUANTITY SHIPPED	UNIT PRICE	EXTENDED PRICE
1.000	6507 POWER PRO 2, HIGH CONFIG MTS _ SERIAL NUMBER REQUIRED	650705550001	07613327559118		2210001453	1	25,842.1900	25,842.19

CLAIMS FOR SHORT SHIPMENT MUST BE MADE WITHIN 30 DAYS OF RECEIPT. NO MERCHANDISE MAY BE RETURNED TO STRYKER FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE. Subject to applicable shipping and handling charges.	CURRENCY	SUBTOTAL	SALES TAX	TOTAL
	USD	25,842.19		25,842.19

## Funds Request Log

**Application #:** ARP-12  
**Organization:** Barbour County EMS  
**Funds Allocated:** \$204,947.03

Date	Request #	Funds Requested this report	Funds Requested to date	Funds Available
11/12/2022	1	\$77,755.80	\$77,755.80	\$127,191.23
11/28/2022	2	\$25,842.19	\$103,597.99	\$101,349.04
	3	\$0.00	\$103,597.99	\$101,349.04
	4	\$0.00	\$103,597.99	\$101,349.04
	5	\$0.00	\$103,597.99	\$101,349.04
	6	\$0.00	\$103,597.99	\$101,349.04

Checks \$0.00  
 \$0.00

	Funds request	Remaining
April-June	\$0.00	\$204,947.03
July-Sept	\$0.00	\$204,947.03
Oct-Dec	\$103,597.99	\$101,349.04

25842.19