



**AGENDA  
CITY OF LAUREL  
BUDGET/FINANCE COMMITTEE  
TUESDAY, JANUARY 12, 2021  
5:15 PM  
ZOOM**

**Public Input:** *Citizens may address the committee regarding any item of business that is not on the agenda. The duration for an individual speaking under Public Input is limited to three minutes. While all comments are welcome, the committee will not take action on any item not on the agenda.*

**General Items**

1. Review and Approve the December 22, 2020 Budget and Finance Committee Minutes.
2. Review and approve purchase requisition for lift pump.
3. Review and approve toughbook purchase requisition from Police Department.
4. Review and approve increase to ambulance CPR training module.
5. Review and recommend approval to Council, claims entered through 12/04/2020.
6. Review and recommend to Council, claims entered through 12/18/2020.
7. Review and recommend approval to Council, claims entered through 01/08/2021.
8. Review and approve the payroll register for pay period ending 12/27/2020 totaling \$164,132.16.

**New Business**

**Old Business**

9. Mayor update on meal pay and drill pay resolutions.
10. Update on repairs to transit bus.
11. Update on the status of the Cemetery Parking Lot.

**Other Items**

12. Clerk/Treasurer Update.
13. Mayor Update.

**Announcements**

14. The next Budget and Finance Committee meeting will be held on January 26, 2021 at 5:15pm via ZOOM.
15. Scot Stokes will be reviewing claims for the next meeting.

The City makes reasonable accommodations for any known disability that may interfere with a person's ability to participate in this meeting. Persons needing accommodation must notify the City Clerk's Office to make needed arrangements. To make your request known, please call 406-628-7431, Ext. 2, or write to City Clerk, PO Box 10, Laurel, MT 59044, or present your request at City Hall, 115 West First Street, Laurel, Montana.

**DATES TO REMEMBER**

**File Attachments for Item:**

1. Review and Approve the December 22, 2020 Budget and Finance Committee Minutes.



**Minutes of City of Laurel  
Budget/Finance Committee  
Tuesday, December 22, 2020**

<b>Members Present:</b>	<b>Emelie Eaton</b>	<b>Bruce McGee (arrived late)</b>
	<b>Richard Klose</b>	<b>Scot Stokes</b>
<b>Others Present:</b>	<b>Mayor Nelson</b>	<b>Bethany Langve</b>

The meeting was called to order by the Committee chair at 5:20pm.

**Public Input:** *Citizens may address the committee regarding any item of business that is not on the agenda. The duration for an individual speaking under Public Input is limited to three minutes. While all comments are welcome, the committee will not take action on any item not on the agenda.*

There was no public input.

**General Items –**

1. Review and approve the November 24, 2020 Budget and Finance Committee meeting minutes. The Clerk/Treasurer stated she did make an error on the agenda when she posted the minutes were from June 23, 2020. Scot Stokes moved to approve the minutes as presented. Richard Klose seconded the motion, all in favor, motion passed.
2. Review and Approve purchase requisition from the Ambulance Department for additional costs associated with a previously approved purchase requisition. The Committee had previously pre-approved the purchase of several pieces of equipment to be reimbursed through the CARES Act reimbursement program. The two Cots that were approved under that purchase requisition require installation fees that were not included with the initial purchase requisition. The Committee verified the total cost of \$3,600 for the installation of the cots (\$1,800 per cot), and the Clerk/Treasurer confirmed this was the total amount of the increase to the purchase requisition. The Committee asked if the Ambulance department had received their cots. The Clerk/Treasurer stated all the equipment had been approved for reimbursement by the State, paid for and should be arriving within the next 10 days. Richard Klose made a motion to approve the \$3,600 increase, for cot installation costs, to the previously approve Ambulance equipment purchase requisition. Scot Stokes seconded the motion, all in favor, motion passed.
3. Review and approve the November 2020 Utility Billing Adjustments. Scot Stokes made a motion to approve the November 2020 Utility Billing Adjustments. Richard Klose seconded the motion, all in favor, motion passed. The Committee asked the Clerk/Treasurer about signing the paper documents. The Clerk/Treasurer stated the Committee members could sign the paper documents when they are in City Hall or the documents can be signed once in-person meetings resume.
4. Review and recommend approval to Council, Claims entered through 12/04/2020 and 12/18/2020. The Committee members were not notified regarding who had the claims review duties so neither of these were reviewed. Both sets of claims will be removed from the City Council Consent Agenda and moved to the 01/12/2021 meeting. The Clerk/Treasurer stated she would ask the Accounts Payable Clerk to being sending out an email to the Committee member responsible for the claims review.
5. Review and approve Payroll Register for pay period ending 11/29/2020 totaling \$226,160.99. Bruce McGee made a motion to recommend approval of the payroll register for pay period ending 11/29/2020 totaling \$226,160.99. Scot Stokes seconded the motion, all in favor, motion passed.
6. Review and approve Payroll Register for pay period ending 12/13/2020 totaling \$213,987.08. Richard Klose made a motion to recommend approval of the payroll register for pay period

ending 12/13/2020 totaling \$213,987.08. Bruce McGee seconded the motion, all in favor, motion passed. The Committee asked why this payroll was \$13,000 less than the previous payroll. The Clerk/Treasurer stated there was an employee that retired.

#### **New Business –**

7. One of the Committee members explained the issues regarding the transit bus and the repairs needed. The Committee discussed either replacing the transit bus or selling the bus. The bus needs its engine rebuilt. The Clerk/Treasurer stated the transit fund does have the money to replace/repair the engine. The Committee asked how much the repairs would cost, and the Committee member stated \$18,000. The Committee asked about the new transit bus status. The Clerk/Treasurer stated everything for the new bus had been picked out and it is being built, but an exact date of arrival has not been given yet. The Committee asked how many buses the City owns. The Clerk/Treasurer stated the City owns one bus and when that bus is down, like it is now, the Senior Center allows the City to use their bus.
8. One of the Committee members asked the Mayor for an update on the status of the State share of the intake. The Mayor stated he was working on getting this money still and would keep the Council updated on his efforts. He stated it would have to go through the legislative process again. The City would retire the SRF loan that was taken out due to the State not paying their share.
9. One of the Committee members asked for a definition of what was an emergency purchase. If an item is budgeted, why would a purchase be considered an emergency? The Mayor stated an emergency purchase would be, for instance, a pump failing, and would follow the purchasing policy. The Mayor can authorize emergency purchases per the purchasing policy.

#### **Old Business –**

10. The Committee asked for an update from the Mayor regarding the two draft resolutions. There was no update currently.
11. The Clerk/Treasurer stated she wanted to give the Committee a quick update regarding the leasing of enterprise equipment. She stated the purchases were still being discussed and this was still in the works. She did not want it to be forgotten about.

#### **Other Items –**

12. One of the Committee members stated Billings was getting a railroad overpass and wanted to know why Laurel was not getting one. The Committee member reached out to the Laurel Representative, Vince Ricci, and was told that he would be sitting on the House Appropriations Committee.
13. Clerk/Treasurer Update – The Clerk/Treasurer stated the City had been approved by the State to receive an additional \$350,558.00 in CARES funding. She stated the Ambulance equipment reimbursement was also pre-approved by the State. The Clerk/Treasurer stated there will be a final submission due in January.
14. Mayor Update – The Mayor stated he is working on developing the area around the new exchange and repairing West Railroad. He is watching what the School is doing regarding the property on W 12<sup>th</sup>, as there will be a need for egress and ingress. He is working on increasing the water storage and wants to get water to the Airport.
15. The new claims schedule is:

01/12/2021 – Richard Klose	01/26/2021 – Scot Stokes
02/09/2021 – Bruce McGee	02/23/2021 – Emelie Eaton

**Announcements –**

16. The next Budget and Finance Committee meeting will be held on January 12, 2021. The meeting will be held at 5:15pm via ZOOM.
17. Richard Klose will be reviewing the claims for the next meeting.

Respectfully submitted,

Bethany Langve  
Clerk/Treasurer

**NOTE: This meeting is open to the public. This meeting is for information and discussion of the Council for the listed workshop agenda items.**

DRAFT

**File Attachments for Item:**

2. Review and approve purchase requisition for lift pump.

**From:** [Nathan Herman](#)  
**To:** [Bethany Langve](#)  
**Cc:** [Kurt Markegard](#); [Guy Rolison](#)  
**Subject:** Elm Lift Station Repair  
**Date:** Tuesday, January 12, 2021 9:22:42 AM  
**Attachments:** [Advanced Pump Quote Elm Lift Pump Rebuild.pdf](#)  
[Russell Quote Base Repair.pdf](#)  
[Russell Quote New Gorman Rupp SF4A-X Pump.pdf](#)

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Bethany,

Here is a breakdown of the cost difference between Russell Industries and Advanced Pump & Equipment.

To repair the lift station the connection elbow and the guide rails and brackets will need to be replaced.

Advanced Pump has quoted Between \$13,000 - \$16,100, depending on the size of pump that is determined to be needed. Advanced Pump states that they could have the pump and parts here with in 2 week.

Russell Industries has quoted \$15,201 for the pump and parts to repair the lift well. This price does not include installation, that would have to be done by someone else at roughly a cost of \$4,000 and it would take 4-8 weeks for the parts and pump to come in.

In the quotes it was asked to quote the cost of a new pump with the repairs so that we will have a spare pump on hand if something like this were to happened again, we would be able to pull out the bad pump and replace it with the spare pump while the pump is being repaired so we would not be done to one pump in the lift station again.

Nathan Herman  
Utility Plants Superintendent  
City of Laurel, MT  
406-628-4796 Ext 5401  
[nherman@laurel.mt.gov](mailto:nherman@laurel.mt.gov)



**From:** [Kurt Markegard](#)  
**To:** [Bethany Langve](#); [City Mayor](#)  
**Cc:** [Nathan Herman](#); [Matt Wheeler](#); [Guy Rolison](#)  
**Subject:** FW: Elm Street Lift Station -Budget Finance Approval next week  
**Date:** Friday, January 8, 2021 2:08:37 PM  
**Attachments:** [Homa Warranty.pdf](#)  
[Elm Station 2021-014 AAAQ4990.pdf](#)  
[Homa Pump AMS434-220.pdf](#)  
[Homa Pump AMS446-300.pdf](#)  
**Importance:** High

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Bethany and Mayor,

We have had one of the two sewer pumps at Elm lift station out of service for about 5 weeks. Russel industries made a mistake on the parts order to fix the pump motor so we are still 4 or more weeks from having a second working pump. I have asked Nathan and Justin to get a quote from Russel Industries for a new pump but they do not install it and we will need new pump guides and hire someone to install it.

Anyway we would like to have a purchase order approved at budget and finance for a new pump that could be installed in two weeks. We also still want the motor repaired by Russel and then we would have a backup pump for this lift station for emergency replacement if needed. It is not fun to have to wait 4 to 12 weeks waiting for replacement parts or pumps.

More quotes to follow as soon as we receive a quote from Russel Industries so we can have the two quotes for consideration.

Thanks,

Kurt

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**From:** Nathan Herman <nherman@laurel.mt.gov>  
**Sent:** Friday, January 8, 2021 12:17 PM  
**To:** Kurt Markegard <kmarkegard@laurel.mt.gov>  
**Subject:** Fwd: Elm Street Lift Station

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**From:** Andrew Huggins <[Andrew@advpump.com](mailto:Andrew@advpump.com)>  
**Sent:** Friday, January 8, 2021 11:15:29 AM  
**To:** Nathan Herman <[nherman@laurel.mt.gov](mailto:nherman@laurel.mt.gov)>  
**Cc:** Dennis Eaton <[dennis@advpump.com](mailto:dennis@advpump.com)>  
**Subject:** Elm Street Lift Station

Hey Nathan,

I wanted to get you guys something today and the attachments are what we've got so far regarding options for this lift station based on the information you sent yesterday. HOMA has told us they can hit a 2 week lead time for these but I'd like to make sure we are all on the same page with that regarding how shipping goes and there's a chance that it could be less and a chance it could be a bit more. From experience, HOMA has been one of the better companies we deal with regarding hitting the ETA's that they tell us so I'm fairly confident that we can hit that 2-week target.

Also, we are going to send some techs to the lift station today and run some field tests to verify the operating condition for the pump that is working. The fact that you guys have gone through so many pumps at this lift station in such a short period and are already rewinding a pump that was installed in 2015 makes me worried a bit that the duty point that was given isn't quite right for the actual conditions. We expect this information can confirm one or both of the pumps in this quote will work for you or it might give us information to provide a completely different pump that will operate better and more long term.

We can place the order with HOMA today on one of these options, with approval from you guys, to start ticking down that two week lead time and if the field data we collect tells us we should go with a completely different pump we have time to make that change by early next week.

Attached is the quote that includes both pump options that will work at the provided duty point plus the curves and the warranty details from HOMA. If you have any other questions or need more information please reach out and let me know

Thanks

--

Andrew Huggins

[andrew@advpump.com](mailto:andrew@advpump.com)

Cell: 406-570-6843

Office: 406-586-1700

# Technical Information

AMS446-300/15,3PUFM

## Operating data

Flow	610 US g.p.m.
Head	41 ft
Shaft power P2	9.41 hp
Pump efficiency	72.4 %
Required pump NPSH	
Pumpe type	Single pump
No. of pumps	1
Fluid	Water, clean

## Pump

Pump Code	AMS446-300/15,3PUFM
Impeller	Single channel impeller
Impeller size	11 <sup>13</sup> / <sub>16</sub> "
Solid size	4 inch
Discharge port	4" ANSI
Suction port	DN150

## Motor

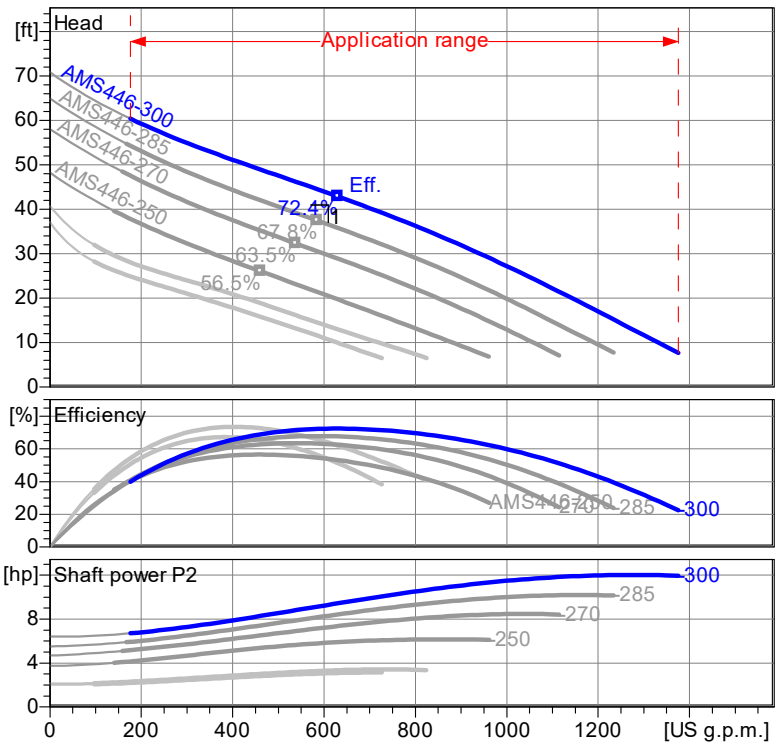
Rated voltage	230/ 460 V
Frequency	60 Hz
Rated power P2	15.3 hp
Rated speed	1160 rpm
Number of poles	6
Efficiency	85 %
Rated current	46 / 23 A
Degree of protection	IP 68

## Materials

Motor housing	Cast Iron ASTM A48;Cl.40B
Impeller	Cast Iron ASTM A48;Cl.40B
Pump housing	Cast Iron ASTM A48;Cl.40B
Wear ring	Bronze ASTM B505; C93200
Motor shaft	AISI 430 F Stainless Steel
Bolts	AISI 304 Stainless Steel
Motor jacket	Stainless steel
Elastomers	Nitrile Rubber

Mechanical seal on motor side	SiC / SiC
Mechanical seal on medium side	SiC / SiC
Lower Bearing	Two angular ball bearings
Upper Bearing	Deep Groove Ball Bearing

Testnom: P2>10kW, HI Standard Grade 2B  
P2<10kW, HI Standard Sect. 11.6.5.4



Wet well installation with coupling kit (PU, 250...300)  
Dimensions in mm [inch], letters see table

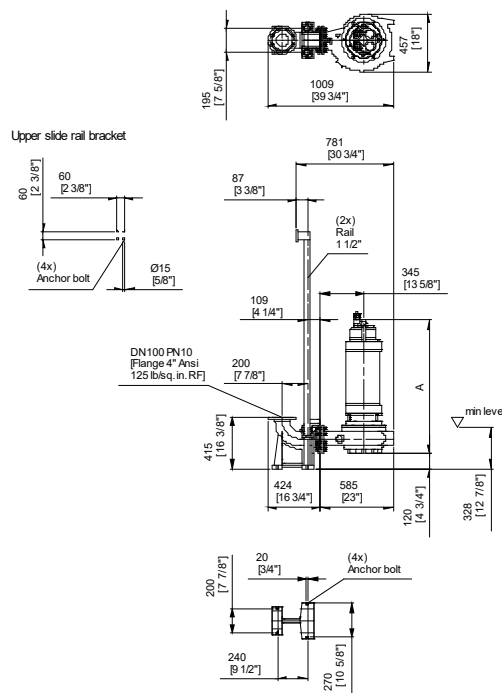


Table Dimensions  
(inch)

A 38<sup>13</sup>/<sub>16</sub>

2.0.1 - 18.11.2020 (Build 147)

Project

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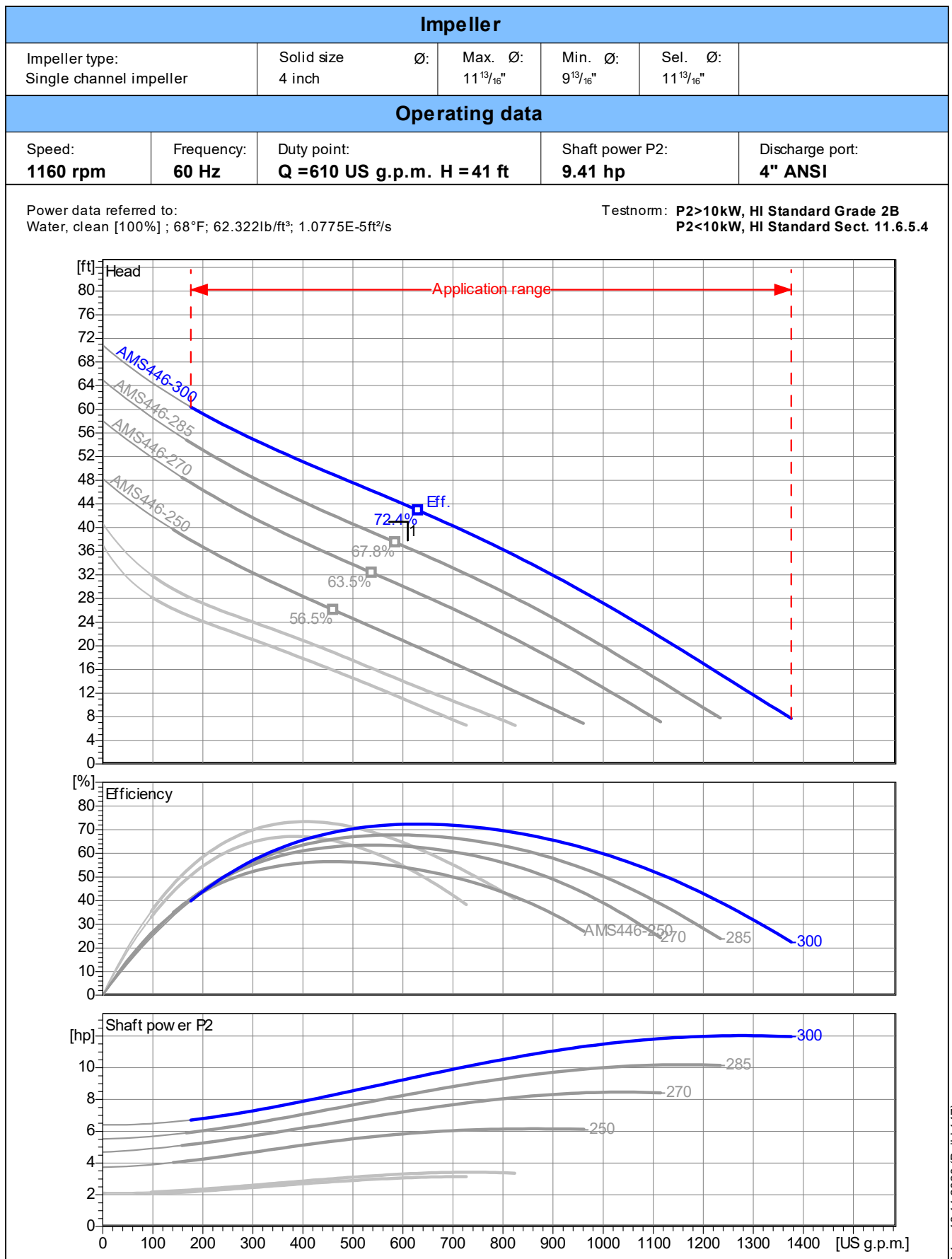
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Date:  
2021-01-0



# Performance Curve

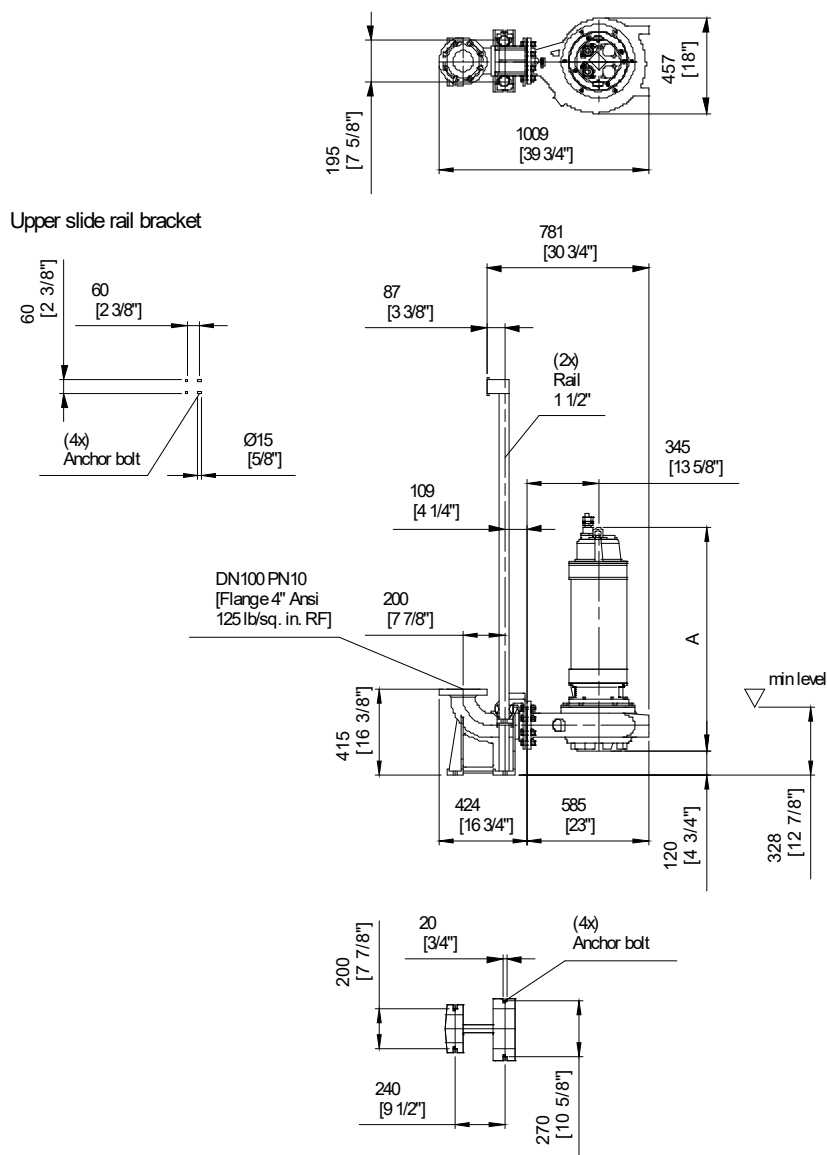
AMS446-300/15,3PUFM



# Dimensions

AMS446-300/15,3PUFM

Wet well installation with coupling kit (PU, 250...300)  
Dimensions in mm [inch], letters see table



**Table Dimensions**

**( inch )**

A

38<sup>13</sup>/<sub>16</sub>

# Technical Data

AMS446-300/15,3PUFM

Operating data				
Flow	610 US g.p.m. / 46 g.p.m.	Head	41 ft	ft
Shaft power P2	9.4 hp	Static head	0	ft
Pump efficiency	72.4 %	Required pump NPSH		ft
Pumpe type	Single pump	No. of pumps	1	
Fluid	Water, clean	Temperature	68	°F
Density	62.32 lb/ft³	Kin. viscosity	1.082E-5	ft²/s

Pump				
Pump Code	AMS446-300/15,3PUFM	Speed	1160	rpm
Suction port	DN150	Head	Max.	60.4 ft
Discharge port	4" ANSI		Min.	7.7 ft
Impeller type	Single channel impeller	Flow	Max.	1375.9 US g.p.m.
Solid size	4 inch	Pump efficiency max.	72.4	%
Impeller Ø	11.8 inch	Required rated power max. P2	12.0	hp

Motor						
Motor design	Submersible motor		Insulation class		H	
Motor name	AM204.18P/6/3		Degree of protection		IP 68	
Frequency	60	Hz	Temperature class		T3C	
Rated power P1	18.0	hp	NEMA code		D	
Rated power P2	15.3	hp	Explosion protection		Class I, Div. 1, Grp. C&D	
Rated speed	1160	rpm	Efficiency at % rated power	100%	85.0	%
Rated voltage	230	/ 460 V 3~		75%	87.0	%
Rated current	46.0	/ 23 A		50%	87.0	%
Starting current, direct starting	166.1	/ 83 A	cos phi at % rated power	100%	0.78	
Starting current, star-delta	55	A		75%	0.73	
Starting mode	Directly			50%	0.62	
Power cable	4X6 / 4G6		Control cable		2 x 4X1,5 / 5G1,5	
Type of power cable	NSSHÖU-J / H07RN8-F PLUS		Type of control cable		NSSHÖU-J / H07RN8-F PLUS	
Cable length	32.8 ft		Service factor		1.15	
Shaft seal	Mechanical seal on motor side		SiC / SiC			
	Mechanical seal on medium side		SiC / SiC			
Bearing	Lower Bearing		Two angular ball bearings			
	Upper Bearing		Deep Groove Ball Bearing			
Remarks						

Materials / Weight			
Motor housing	Cast Iron ASTM A48; Cl.40B	Bolts	AISI 304 Stainless Steel
Pump housing	Cast Iron ASTM A48; Cl.40B	Elastomeres	Nitrile Rubber
Impeller	Cast Iron ASTM A48; Cl.40B	Motor jacket	Stainless steel
Wear ring	Bronze ASTM B505; C93200		
Motor shaft	AISI 430 F Stainless Steel		
Weight aggregat	535.71 lb		

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# Technical Information

AMS434-220/10,4T/C FM

## Operating data

Flow	610 US g.p.m.
Head	41 ft
Shaft power P2	9.29 hp
Pump efficiency	74.7 %
Required pump NPSH	15.1 ft
Pumpe type	Single pump
No. of pumps	1
Fluid	Water, clean

## Pump

Pump Code	AMS434-220/10,4T/C FM
Impeller	Single channel impeller
Impeller size	8 11/16"
Solid size	3 inch
Discharge port	4" ANSI
Suction port	DN100

## Motor

Rated voltage	230/ 460 V
Frequency	60 Hz
Rated power P2	10.5 hp
Rated speed	1750 rpm
Number of poles	4
Efficiency	87 %
Rated current	24.6 12,3 A
Degree of protection	IP 68

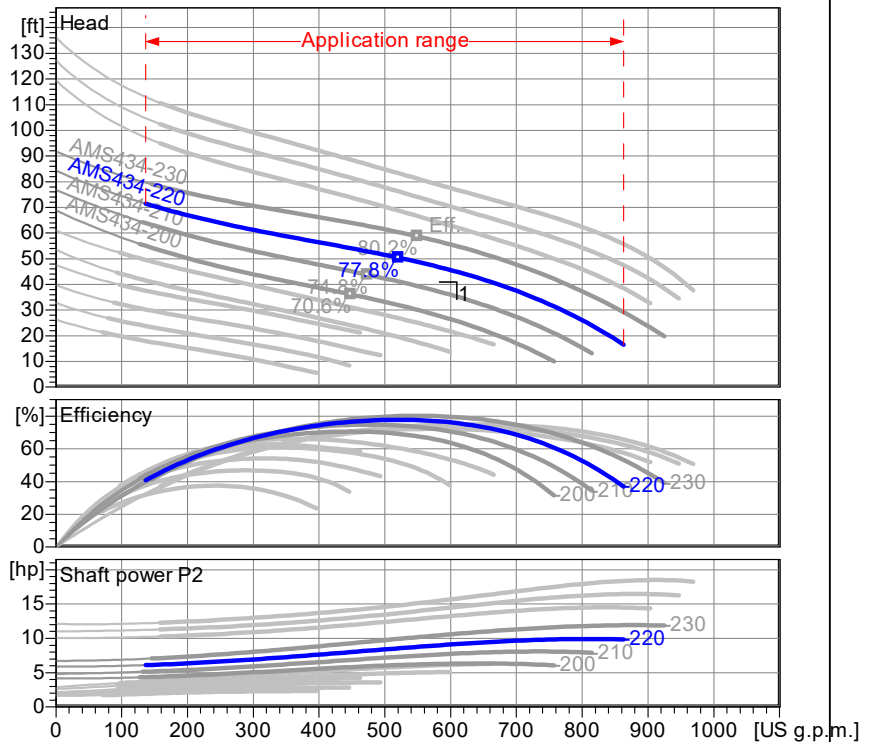
## Materials

Motor housing	Cast Iron ASTM A48;Cl.40B
Impeller	Cast Iron ASTM A48;Cl.40B
Pump housing	Cast Iron ASTM A48;Cl.40B
Wear ring	Bronze ASTM B505; C93200
Motor shaft	AISI 430 F Stainless Steel
Bolts	AISI 304 Stainless Steel

Elastomeres	Nitrile Rubber
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Mechanical seal on motor side	SiC / SiC
Mechanical seal on medium side	SiC / SiC
Lower Bearing	Double row angular ball bearing
Upper Bearing	Deep Groove Ball Bearing

Testnom: HI Standard Sect. 11.6.5.4



Wet well installation with coupling kit (T, 200...230)

Dimensions in mm [inch], letters see table

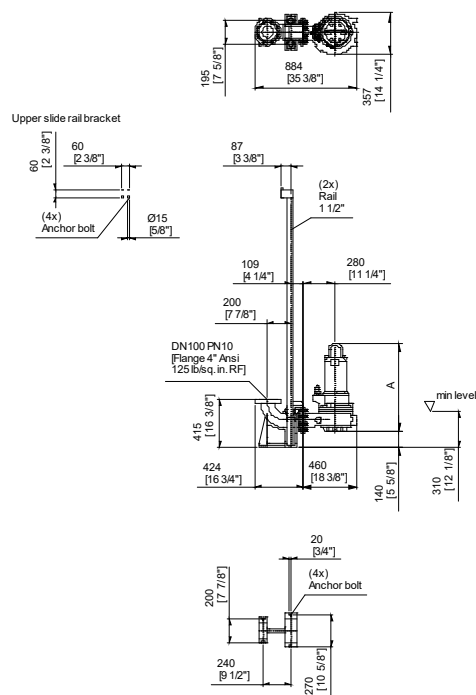
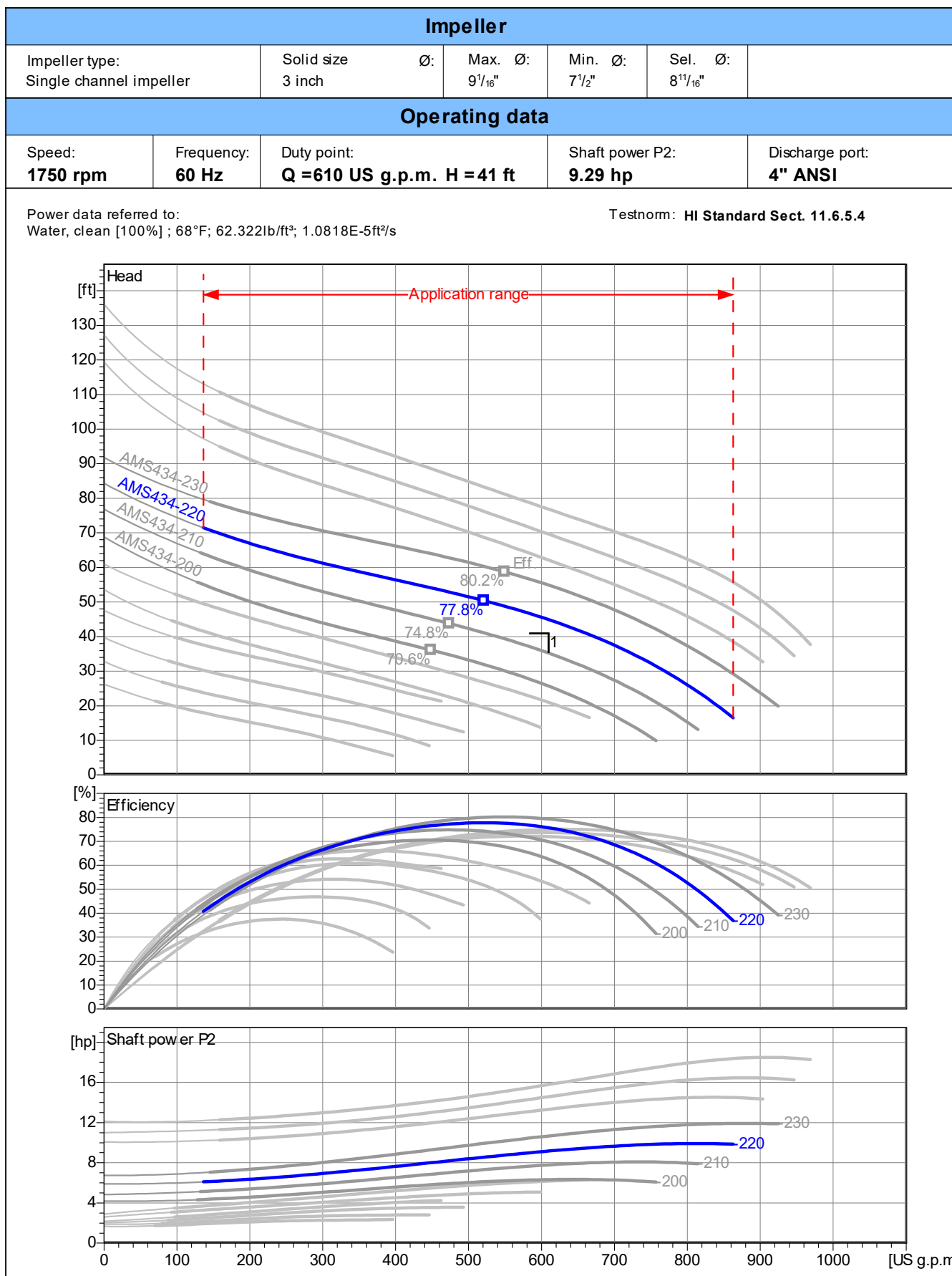


Table Dimensions (inch)

A 30 1/4

# Performance Curve

AMS434-220/10,4T/C FM



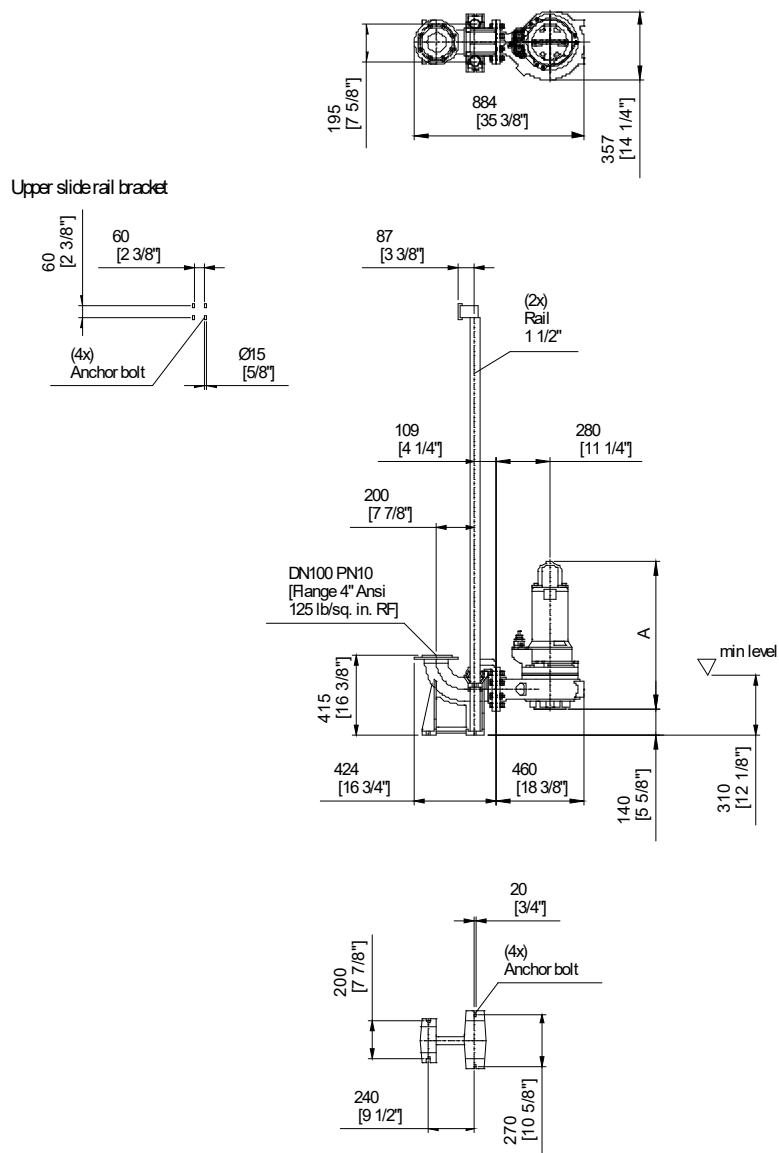
2.0.1 - 18.11.2020 (Build 147)

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# Dimensions

AMS434-220/10,4T/C FM

Wet well installation with coupling kit (T, 200...230)  
Dimensions in mm [inch], letters see table



**Table Dimensions**

**( inch )**

A

30<sup>1</sup>/<sub>4</sub>

min level = Minimum fluid level for intermittent operation (S3)

# Technical Data

AMS434-220/10,4T/C FM

Operating data				
Flow	610 US g.p.m. / 66 g.p.m.	Head	41 ft	ft
Shaft power P2	9.3 hp	Static head	0	ft
Pump efficiency	74.7 %	Required pump NPSH	15.1	ft
Pumpe type	Single pump	No. of pumps	1	
Fluid	Water, clean	Temperature	68	°F
Density	62.32 lb/ft³	Kin. viscosity	1.082E-5	ft²/s

Pump				
Pump Code	AMS434-220/10,4T/C FM	Speed	1750	rpm
Suction port	DN100	Head	Max.	71.5 ft
Discharge port	4" ANSI		Min.	16.6 ft
Impeller type	Single channel impeller	Flow	Max.	863.0 US g.p.m.
Solid size	3 inch	Pump efficiency max.	77.8	%
Impeller Ø	8.66 inch	Required rated power max. P2	9.9	hp

Motor					
Motor design	Submersible motor		Insulation class		H
Motor name	AM173.11,9T/4/3		Degree of protection		IP 68
Frequency	60	Hz	Temperature class		T3C
Rated power P1	12.0	hp	NEMA code		D
Rated power P2	10.5	hp	Explosion protection		Class I, Div. 1, Grp. C&D
Rated speed	1750	rpm	Efficiency at % rated power	100%	87.0 %
Rated voltage	230	/ 460 V 3~		75%	88.0 %
Rated current	24.6	/ 12,3 A		50%	88.0 %
Starting current, direct starting	110.9	/ 55,5 A	cos phi at % rated power	100%	0.87
Starting current, star-delta	3i	A		75%	0.84
Starting mode	Directly			50%	0.75
Power cable	7X2,5 / 4G4		Control cable		4X1,5 / 5G1,5
Type of power cable	NSSHÖU-J / H07RN8-F PLUS		Type of control cable		NSSHÖU-J / H07RN8-F PLUS
Cable length	32.8 ft		Service factor		1.15
Shaft seal	Mechanical seal on motor side		SiC / SiC		
	Mechanical seal on medium side		SiC / SiC		
Bearing	Lower Bearing		Double row angular ball bearing		
	Upper Bearing		Deep Groove Ball Bearing		
Remarks					

Materials / Weight			
Motor housing	Cast Iron ASTM A48; Cl.40B	Bolts	AISI 304 Stainless Steel
Pump housing	Cast Iron ASTM A48; Cl.40B	Elastomeres	Nitrile Rubber
Impeller	Cast Iron ASTM A48; Cl.40B		
Wear ring	Bronze ASTM B505; C93200		
Motor shaft	AISI 430 F Stainless Steel		
Weight aggregat	297.62 lb		

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# Warranty

## FIVE YEAR PRO-RATED MUNICIPAL PUMP WARRANTY A Series PUMPS STANDARD & EXPLOSION PROOF PERMANENT TYPE INSTALLATION\*

Homa Pump Technology warrants the above referenced pumps ("Products") to be free from defects in workmanship and materials as follows:

If used in a permanent municipal application, the warranty period shall expire five (5) years from date of initial installation. If start up does not occur within six (6) months after date of shipment from Manufacturer, the warranty period shall expire five (5) years after the date of shipment from Manufacturer. This warranty is contingent upon purchaser's or end user's payment of the applicable percentage of the list price (list price minus covered %) of the following parts in effect at time of replacement.

WARRANTY COVERAGE				
	Months	Months	Months	Months
	0-18	19-31	32-45	46-60
Percentage	100%	75%	50%	25%

\*If used in any non-municipal application, the warranty period shall expire on the earliest of the below dates:

- i) one (1) year from date of installation of the Products; or
- ii) eighteen (18) months from date of shipment of the Products from Manufacturer.

Products or parts thereof that are replaced or repaired under warranty during the original warranty period, shall be covered under this warranty until the expiration of the original warranty period or ninety (90) days from the date of such replacement or repair, whichever is later. In any event, such extended warranty period shall not exceed ninety (90) days after the expiration of the original warranty period.

The warranties stated above are contingent upon start-up of the equipment on site by an authorized Manufacturer's representative, as verified by receipt of start-up reports completed and signed by an authorized Manufacturer's representative. (For all "P" and larger Motors the report must be on file at Homa PTI).

If during the warranty period, any Products fail to meet the requirements set out in this warranty, the purchaser or end user shall give written notification to Manufacturer stating the reasons therefor. Upon receipt of prior written authorization from Manufacturer, Products shall be transported to Manufacturer's authorized service center, prepaid, at purchaser or end-user's cost. Manufacturer's sole obligation shall be to repair, modify or replace Products or parts thereof, at Manufacturer's sole option. Products repaired under this warranty will be returned with freight prepaid. Products must be repaired by an authorized Manufacturer repair center for warranty coverage to be considered. All warranty repairs will be done with OEM parts, use of Non-OEM parts is not authorized.

All protection features (such as moisture sensors, bearing monitors, and thermal overloads) incorporated in the Products must be connected and operable for warranty coverage. Proof of monitoring must be provided upon request.

This warranty shall not apply to any Products or parts thereof which have been (i) subjected to misuse, misapplication, accident, alteration, neglect, failure to act in a timely manner to address alarms/warnings, or physical damage; (ii) installed, operated, and/or maintained in a manner which is contrary to Manufacturer's written instructions as it pertains to installation, operation and maintenance of the Products, including but without limitation to being operated without being connected to monitoring devices supplied with specific products for protection; (iii) used in an application or for pumping liquids other than the use for which it is intended as specified in Manufacturer's product literature; (iv) damaged due to a defective power supply, improper electrical protection, faulty repair, ordinary wear and tear, corrosion, erosion or chemical attack, an act of God, an act of war or by an act of terrorism; (v) damaged resulting from the use of accessory equipment not sold by Manufacturer or not approved by Manufacturer for use in connection with Manufacturer's products; or (vi) repaired or altered without Manufacturer's written consent.

This warranty does not cover costs for standard and/or scheduled maintenance that is performed, nor does it cover Manufacturer's parts that, by virtue of their operation, require replacement through normal wear (aka: Wear Parts), unless a defect in material or workmanship is determined by Manufacturer. Wear Parts are defined as cutters, cutting plates, impellers, diffusers, wear rings (stationary or rotating), volutes (when used in an abrasive environment), oil, grease, cooling fluids and/or any items deemed necessary to perform and meet the requirements of normal maintenance on all Manufacturer equipment.

Manufacturer shall not be liable for any special, indirect, consequential, or punitive damages, or profit loss of any kind. Major components not manufactured by the Manufacturer are covered by the original manufacturer's warranty in lieu of this warranty. In addition to any other special, indirect or consequential damages referenced above, Manufacturer shall not be responsible for travel expenses, rented (replacement) equipment, pump removal fees, installation fees, outside contractor's fees, or unauthorized repair shop expenses.

This warranty shall extend only to the initial end user.

**ALL OTHER WARRANTIES, CONDITIONS AND REPRESENTATIONS, EXPRESSED OR IMPLIED BY STATUTE, COMMON LAW OR OTHERWISE, IN RELATION TO THE SUPPLY OF THE PRODUCTS INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE ARE EXCLUDED TO THE EXTENT PERMITTED BY LAW.**

\*This warranty is applicable to Products supplied by Homa Pump Technology, unless specifically indicated otherwise in writing by Manufacturer.

Rev 9/24/2020





**RUSSELL INDUSTRIES INC.**  
P.O. BOX 2990 Casper, WY 82602  
(307)265-9566 FAX (307)265-3019  
www.russellpumps.com

## QUOTE

TAKEN BY	ORDER DATE	ORDER #
pmw	01/08/21	142382-00
CUSTOMER PO#		PAGE #
NEW PUMP QUOTE		1

Cust #: 1374

Bill To: City of Laurel  
P.O. Box 10  
Laurel, MT 59044

Ship To: **City of Laurel**  
**115 W First Street**  
**Laurel, MT 59044**

Instructions		Reference
ELM ST LIFT STN 10-1346-ASVP		JUSTIN BAKER
Ship Point	Via	Terms
Russell Industries Inc. MT	Motor Frt	Net 30 Days

LINE	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	UNIT PRICE	QTY. (UM)	NET TOTAL
Please send invoice and statements to: ap@laurel.mt.gov * * PLUS FREIGHT-PREPAID & ADDED TO INVOICE. ESTIMATED \$450.00. INSTALLATION CHARGES NOT INCLUDED IN QUOTE. ESTIMATED LEAD TIME 6-7 WEEKS. * * IF BASE ELBOW IN STATION IS BROKEN- A NEW SF GUIDE SHOE WILL NEED TO BE PURCHASED. 48156-568 - \$835.00 * * * *					
1	SF4A-X GR SUBM PUMP 15HP 3/60/460 8" IMPELLER * * BUILT TO SERIAL: 1591131	1	11575.00	each	\$ 11575.00
1 Lines Total		Qty Shipped Total	1 Total	\$ 11575.00	
			Invoice Total	\$ 11575.00	



**RUSSELL INDUSTRIES INC.**  
P.O. BOX 2990 Casper, WY 82602  
(307)265-9566 FAX (307)265-3019  
www.russellpumps.com

## QUOTE

TAKEN BY	ORDER DATE	ORDER #
pmw	12/29/20	142326-00
CUSTOMER PO#		PAGE #
QUOTE-BASE REPAIR		1

Cust #: 1374

Bill To: City of Laurel  
P.O. Box 10  
Laurel, MT 59044

Ship To: **City of Laurel**  
**115 W. First Street**  
**Laurel, MT 59044**

Instructions		Reference
ELM 10-1346-ASVP-BASE REPAIR		JUSTIN BAKER
Ship Point	Via	Terms
Russell Industries Inc. MT	Motor Frt	Net 30 Days

LINE	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	UNIT PRICE	QTY. (UM)	NET TOTAL
<p>Please send invoice and statements to: ap@laurel.mt.gov ** ** IF THE BASE IN THE ELM STREET LIFT STATION 10-1346-ASVP IS FOUND TO BE BROKEN, THE FOLLOWING PARTS MAY BE NEEDED TO REPAIR IT. ** ** NOTE: THESE PARTS ARE SPECIAL ORDER. THERE WILL BE A RESTOCKING FEE OF 30-40% FROM THE MANUFACTURER PLUS ALL FREIGHT CHARGES IF ORDERED AND RETURNED. THE CITY OF LAUREL WILL BE RESPONSIBLE FOR THESE CHARGES. ** ** THE ELM STREET LIFT STATION WAS RETRO-FITTED FROM IT'S ORIGINAL DESIGN TO REPLACE THE PUMPS IN 2015. THE ORIGINAL BASE ELBOW IN THE STATION IS OBSOLETE AND CAN NO LONGER BE PURCHASED. THE NEW BASE ELBOW TO FIT THE EXISTING PUMP WILL REQUIRE 2" GUIDE RAILS. ** ** QUOTE IS FOR REPAIR PARTS ONLY. WET WELL CLEANING AND CONFINED SPACE REPAIRS BY OTHERS. **</p>					
1	48156-604 GR 4" SF BASEPLATE [LONG]	1	970.00	each	\$ 970.00
2	2" X 20' SCHEDULE 40, STAINLESS STEEL PIPE ** Orginal design on wet well depth was 23'.	3	304.20	each	\$ 912.60
3	41881-645 GR GUIDE RAIL SPLICE ASSEMBLY ** 4 weeks until available from manufacturer.	1	585.15	each	\$ 585.15
4	41881-612 GR UPPER GUIDE RAIL BRACKET	1	323.70	each	\$ 323.70
6	48156-568 GR 4" GUIDE SHOE FOR SF BASE	1	835.00	each	\$ 835.00
5 Lines Total		Qty Shipped Total	7 Total	\$ 3626.45	
				Invoice Total	\$ 3626.45





**RUSSELL INDUSTRIES INC.**  
P.O. BOX 2990 Casper, WY 82602  
(307)265-9566 FAX (307)265-3019  
www.russellpumps.com

## QUOTE

Cust #: 1374

Bill To: City of Laurel  
P.O. Box 10  
Laurel, MT 59044

Ship To: City of Laurel  
115 W. First Street  
Laurel, MT 59044

TAKEN BY	ORDER DATE	ORDER #
ES	12/15/20	142268-00
CUSTOMER PO#		PAGE #
NEED PO		1

Instructions		Reference	
FRT CHRGS WILL APPLY		JUSTIN BAKER	
Ship Point	Via	Terms	
Russell Industries Inc.	RII Truck	Net 30 Days	

LINE	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	UNIT PRICE	QTY. (UM)	NET TOTAL
Please send invoice and statements to: ap@laurel.mt.gov *** *** JOB #20-02074 *** TEAR DOWN AND INSPECT FOR REPAIR *** GORMAN RUPP SF4A-X S/N: 1591131 *** *** QUOTE IS FOR PUMP REPAIR ONLY. INSTALLATION, BASE ELBOW, GUIDE RAIL(S) NOT INCLUDED IN QUOTE. *** ***					
1	INSPECTION FEE SEE BELOW TEARDOWN OF PUMP	1	0.00	each	\$ 0.00
2	31514-017 GORMAN RUPP IMPELLER WASHER	1	37.75	each	\$ 37.75
3	MBD1020 GORMAN RUPP SCREW	1	1.45	each	\$ 1.45
4	25152-276 GR O RING	2	6.15	each	\$ 12.30
5	25152-379 GR O-RING BUNA	1	11.00	each	\$ 11.00
6	25154-022 GR O RING FLUOROCBN	1	1.50	each	\$ 1.50
7	31441-030 GR SHAFT SLEEVE 1706H	1	188.85	each	\$ 188.85
8	25285-856 GR MECH SEAL 1-1/2	1	160.40	each	\$ 160.40
9	31161-042 GR SPRING RETAINER 17000	1	30.80	each	\$ 30.80
10	37J 17090 GR ADJ SHIM SET 17090	1	5.00	each	\$ 5.00
11	S1718 GR CONNECTOR	3	3.25	each	\$ 9.75
12	S1905 GR BALL BEARING	1	14.85	each	\$ 14.85

Continued on next page ...





**RUSSELL INDUSTRIES INC.**  
P.O. BOX 2990 Casper, WY 82602  
(307)265-9566 FAX (307)265-3019  
www.russellpumps.com

## QUOTE

Cust #: 1374

Bill To: City of Laurel  
P.O. Box 10  
Laurel, MT 59044

Ship To: City of Laurel  
115 W. First Street  
Laurel, MT 59044

TAKEN BY	ORDER DATE	ORDER #
ES	12/15/20	142268-00
CUSTOMER PO#		PAGE #
NEED PO		2

Instructions	Reference	
FRT CHRGS WILL APPLY	JUSTIN BAKER	
Ship Point	Via	Terms
Russell Industries Inc.	Rll Truck	Net 30 Days

LINE	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	UNIT PRICE	QTY. (UM)	NET TOTAL
13	23431-007 GR BALL BRG DBL-ROW	1	78.85	each	\$ 78.85
14	S1832 GR JC SEAL ASSY	1	22.80	each	\$ 22.80
15	41158-835 GR CABLE ASSY 1/4"x50'	2	406.75	each	\$ 813.50
16	47112-085 GORMAN RUPP ROTOR	1	921.15	each	\$ 921.15
17	OUTSIDE LABOR INTERMOUNTAIN STATOR REWIND	1	1072.50	each	\$ 1072.50
18	ALLTEST MOTOR DIAGNOSTIC TESTING	1	85.00	each	\$ 85.00
19	SHOP SUPPLIES	1	130.00	each	\$ 130.00
20	REPAIR LABOR SEE BELOW 8 HRS@ \$95/HR	1	0.00	each	\$ 0.00
20 Lines Total		Qty Shipped Total	24 Total		\$ 3597.45
			TearDown Fee		\$ 285.00
			Repair Labor		\$ 760.00
			Invoice Total		\$ 4642.45
+ Freight					

Last Page

**File Attachments for Item:**

3. Review and approve toughbook purchase requisition from Police Department.

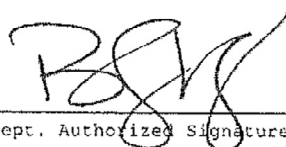
CITY OF LAUREL  
P.O. BOX 10  
LAUREL, MONTANA 59044

Page: 1  
Claim #: DM0212  
Vendor #: 1924  
Check #: 45742  
Period: 4/20  
04/13/20  
16:01:11

Claimant RUGGED DEPOT  
Address 27060 DECKER PRAIRIE ROSEHILL  
MAGNOLIA TX 77355

Date	Invoice/PO #	Description	Amount	Fund	Org	Acct.	Obj	Proj
03/27/20	55264	TOUGHBOOK SF-31	7,386.84	2952	200	420100	946	
03/31/20	55295	WARRANTY FOR TOUGHBOOK	510.00	2952	200	420100	946	

Total: 7,896.84

  
By: \_\_\_\_\_  
Dept. Authorized Signature

Vendor/Claimant

I certify that the amount of this claim is just and wholly

Signature

No other signature required if invoice/documentation

Merchandise or Services Received Claim Ready for  
Payment.  
Dated \_\_\_\_\_ Dept. Authorized Signature

# PURCHASE ORDER

CITY HALL  
115 W. 1ST ST.  
PUB WORKS: 628-4796  
WATER OFC: 628-7431  
COURT: 628-1984  
FAX: 628-2241

## City of Laurel

P.O. Box 10  
Laurel, MT 59044



PURCHASE ORDER NUMBER

52812

The above order number must appear  
on all invoices, packages and correspondence.

TO: RUGGED DEPOT  
27060 DECKER PRAIRIE ROSEHILL RD.  
MAGNOLIA, TX. 77355

DATE: 3-26-20

FUND: FED. EQ. SHARING

DEPT: POLICE

INVOICE NO: 55295, 55264

QUAN- TITY	FULLY ITEMIZE	COST	BUDGETARY ACCOUNT NUMBER
2	TOUGHBOOK CF-31 WARRANTY FOR TOUGH BOOKS	\$7,386. <sup>89</sup> \$ 510. <sup>00</sup>	2952-200-420100- 946
Amount of Claim		\$ 7,896. <sup>89</sup>	

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE



**WE DON'T DO FRAGILE!**

"a Nomar Enterprises, LLC company"

27060 Decker Prairie Rosehill Road  
Magnolia, Texas 77355

Tel: 281-259-6613  
Fax: 281-259-6615  
www.ruggeddepot.com

PO. 52812  
**AR Invoice**

Invoice No.: 55295  
Page 1 of 1

Order Date: 03/31/2020  
Due Date: 04/30/2020  
Customer Number: C17591  
Rep: Dan Rzeppa  
Terms: Rugged NET 30  
Customer Ref: 52812

**Bill To:**  
City of Laurel Police Department  
Chief Stanley J Langve  
215 West 1st Street  
Laurel MT 59044  
USA  
406-628-7431 opt 2

**Ship To:**  
City of Laurel Police Department  
Chief Stanley J Langve  
215 West 1st Street  
Laurel MT 59044  
USA  
406-628-7431 opt 2

Item Code	Description	Shipped	Pending	Price	Total
ADDING IN PROTECTION PLUS WARRANTY TO MATCH THE PUBLIC SECTOR SKU THAT IS NOT IN STOCK:					
CF-SVCLTNF3YR	Protection Plus Warranty - CF-31, CF-53, CF-54, CF-20, CF-C2, FZ-55 Laptop (Years 1, 2 & 3)	2	0	255.00	510.00

**ACH & WIRE BANK DETAILS:**  
Nomar Enterprises, LLC dba Rugged Depot  
Account# 005746426736  
ABA Routing# 111000025  
Bank of America  
Cypress, TX 77429  
SWIFT: BOFAUS3N  
ABA Routing# 026009593

Freight	\$0.00
Tax	\$0.00
Total	\$510.00
Amount Paid	\$0.00
Total Due	\$510.00

Terms orders are based off from payment being made via check or ACH or Wire. If Credit Card is presented as payment, an administrative fee of 2.5% plus \$25.00 will be added to the corrected invoice. If using American Express, an additional 1% processing fee will be added to the total invoice.

**Terms and Conditions**

- \* All shipments are FOB Destination, Freight Prepaid & Add, unless using customer shipping account, if freight not shown on quote, it will be added to Invoice.
- \* Payment must be made in U.S. dollars.
- \* Pricing and quantities are subject to change.
- \* Rugged Depot reserves the right to substitute products of equal or greater specifications.
- \* Invoices are subject to late payment charges of 18% per year computed monthly after due date.
- \* All products are sold "AS IS"
- \* No credit allowed for goods returned without prior approval.
- \* ALL RETURNS MUST BE ACCOMPANIED BY A RETURN MATERIAL AUTHORIZATION NUMBER AND ARE SUBJECT TO A 20% RESTOCK/HANDLING FEE.
- \* Claims for loss or damage in shipment must be made to the carrier by the Customer. All others must be made to Rugged Depot LLC within 2 days of receipt of goods. All goods shipped at the buyer's risk.
- \* Customer also agrees to pay such attorney's fees and costs as are actually incurred for the collection of this amount whether or not suit is instituted.
- \* All product and services on this invoice will remain the property of Rugged Depot and will be fully encumbered until full payment has been remitted.
- \* Any refunds, for any reason, if payment was made with American Express, refund will be less 4% American Express merchant processing charge.





WE DON'T DO FRAGILE!

"a Nomar Enterprises, LLC company"

27060 Decker Prairie Rosehill Road  
Magnolia, Texas 77355

Tel: 281-259-6613  
Fax: 281-259-6615  
www.ruggeddepot.com

PO 52812  
AR Invoice

Invoice No.: 55264

Page 1 of 1

Order Date: 03/27/2020

Due Date: 04/26/2020

Customer Number: C17591

Rep: Dan Rzeppa

Terms: Rugged NET 30

Customer Ref: 52812

**Bill To:**

City of Laurel Police Department  
Chief Stanley J Langve  
215 West 1st Street  
Laurel MT 59044  
USA  
406-628-7431 opt 2

**Ship To:**

City of Laurel Police Department  
Chief Stanley J Langve  
215 West 1st Street  
Laurel MT 59044  
USA  
406-628-7431 opt 2

Item Code	Description	Shipped	Pending	Price	Total
CF-318B718VM	Win10 Pro, Intel Core i5-7300U 2.60GHz, vPro, 13.1" XGA Touch, 16GB(8+8), 256GB SSD, Intel Wi-Fi, TPM 2.0, Bluetooth, Dual Pass (Ch1:WWAN/Ch2:selectable), No PC/Expresscard, 4G LTE-Advanced Multi Carrier (EM7455), Emissive Backlit Keyboard, DVD, Flat	2	0	3,649.00	7,298.00

Serial Numbers: 0AKKC95825, 0AKKC95846

Tracking: 770123066194

**ACH & WIRE BANK DETAILS:**

Nomar Enterprises, LLC dba Rugged Depot  
Account# 005746426736  
ABA Routing# 111000025  
Bank of America  
Cypress, TX 77429  
SWIFT: BOFAUS3N  
ABA Routing# 026009593

Freight	\$88.84
Tax	\$0.00
Total	\$7,386.84
Amount Paid	\$0.00
Total Due	\$7,386.84

Terms orders are based off from payment being made via check or ACH or Wire. If Credit Card is presented as payment, an administrative fee of 2.5% plus \$25.00 will be added to the corrected invoice. If using American Express, an additional 1% processing fee will be added to the total invoice.

**Terms and Conditions**

- \* All shipments are FOB Destination, Freight Prepaid & Add, unless using customer shipping account, if freight not shown on quote, it will be added to Invoice.
- \* Payment must be made in U.S. dollars.
- \* Pricing and quantities are subject to change.
- \* Rugged Depot reserves the right to substitute products of equal or greater specifications.
- \* Invoices are subject to late payment charges of 18% per year computed monthly after due date.
- \* All products are sold "AS IS"
- \* No credit allowed for goods returned without prior approval.
- \* ALL RETURNS MUST BE ACCOMPANIED BY A RETURN MATERIAL AUTHORIZATION NUMBER AND ARE SUBJECT TO A 20% RESTOCK/HANDLING FEE.
- \* Claims for loss or damage in shipment must be made to the carrier by the Customer. All others must be made to Rugged Depot LLC within 2 days of receipt of goods. All goods shipped at the buyer's risk.
- \* CUSTOMER also agrees to pay such attorney's fees and costs as are actually incurred for the collection of this amount whether or not suit is instituted.
- \* All product and services on this invoice will remain the property of Rugged Depot and will be fully encumbered until full payment has been remitted.
- \* Any refunds, for any reason, if payment was made with American Express, refund will be less 4% American Express merchant processing charge.

## Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type.  
See Specific instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>NOMAR ENTERPRISES LLC</b>	
2 Business name/disregarded entity name, if different from above <b>DBA RUGGED DEPOT</b>	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes:  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) <b>S</b> <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) <b>S</b>	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. <b>27060 DECKER PRAIRIE ROSEHILL ROAD</b>	Requestor's name and address (optional)
6 City, state, and ZIP code <b>MAGNOLIA, TX 77355</b>	
7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					
or								
Employer identification number								
0	1	-	0	5	7	4	4	0

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person

Date

1/13/20

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)  
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

**File Attachments for Item:**

4. Review and approve increase to amulance CPR training module.

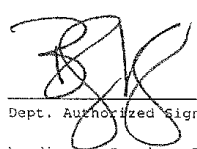
CITY OF LAUREL  
P.O. BOX 10  
LAUREL, MONTANA 59044

Page: 1  
Claim #: C15620  
Vendor #: 1923  
Check #: 45686  
Period: 3/20  
04/09/20  
09:17:27

Claimant ISIMULATE  
Address ALBANY MEDICAL CENT BACC  
43 NEW SCOTLAND AVE MC#25  
ALBANY NY 12208

Date	Invoice/PO #	Description	Amount	Fund	Org	Acct.	Obj	Proj
03/19/20	20142224	REALTI360 SOFTWARE - AMB	8,995.00	1000	270	420730	380	
03/19/20	20142225	CPR MODULE - AMB	995.00	1000	270	420730	380	
03/19/20	20142226	STETHOSCOPE - AMB	995.00	1000	270	420730	380	

Total: 10,985.00

By:   
Dept. Authorized Signature

Vendor/Claimant  
I certify that the amount of this claim is just and wholly

Merchandise or Services Received Claim Ready for  
Payment.

Signature

No other signature required if invoice/documentation

Dated

Dept. Authorized Signature

# PURCHASE ORDER

C, 15620

CITY HALL  
115 W. 1ST ST.  
PUB WORKS: 628-4796  
WATER OFC: 628-7431  
COURT: 628-1964  
FAX: 628-2241

**City of Laurel**

P.O. Box 10  
Laurel, MT 59044



PURCHASE ORDER NUMBER

52443

The above order number must appear  
on all invoices, packages and correspondence.

TO: iSimulate  
43 New Scotland Ave  
Albany, NY 12208

DATE: 3/19/2020  
FUND: general  
DEPT: Amb  
INVOICE NO: 20142224

QUAN- TITY	FULLY ITEMIZE	COST	BUDGETARY ACCOUNT NUMBER
1	Realti Set	\$8,995	1000-270-420730-380  B&F approved
Amount of Claim \$		\$8,995	

AUTHORIZED SIGNATURE

*[Signature]*

AUTHORIZED SIGNATURE

*[Signature]*

**iSimulate**

Albany Medical Center - BACC  
43 New Scotland Ave (MC #25)  
Albany, NY 12208  
(518) 261-1700  
sarah.spiak@isimulate.com  
www.isimulate.com

**Invoice**

BILL TO  
Laurel Ambulance Service  
215 West 1st Street  
Laurel, MT 59044 USA

SHIP TO  
Laurel Ambulance Service  
215 West 1st Street  
Laurel, MT 59044 USA

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
20142224	03/19/2020	\$8,995.00	04/18/2020	Net 30	

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

SHIP DATE	SHIP VIA	TRACKING NO.	ORDER NO.
03/19/2020	UPS	1Z12R18W0399405846	SQ 7100

**ACTIVITY**

REALITI360PL  
REALITI Software  
One (1) Premium Screens of choice  
Simulation Set Complete

QTY	RATE	AMOUNT
1	8,995.00	8,995.00

A penalty of 1.5% per month will be charged on any invoices not paid within 30 days. Customers are responsible for all duties, taxes, and customs charges. All payments must be in US Dollars. iSimulate is not responsible for any currency exchange differences. All orders will be invoiced and/or charged on the day in which the order is shipped. Terms on iSimulate quotes supersede any terms and conditions on a customer purchase order. Customer agrees to fully comply with U.S. Export Administration Regulations and all other U.S. laws and regulations concerning exports and reexports to foreign countries.

**BALANCE DUE****\$8,995.00**

Thank you for your business! | Remittance to: sarah.spiak@isimulate.com |

Levi Vandersloot



subject:

Bethany Langve  
Wednesday, March 11, 2020 8:44 AM  
Levi Vandersloot; Wendy Wong  
CPR Device Approval

Levi and Wendy,

The Budget and Finance committee approved your CPR training device last night at the budget and finance committee meeting. Yay!!! Please move forward with your order.

Bethany Langve  
Clerk/Treasurer  
City of Laurel, Montana  
(406) 628-7431 extension 2

February 18, 2020

Re: Approval for Equipment Purchase

To Whom It May Concern,

I am writing this letter on behalf of the whole ambulance department. The purpose of this letter is for approval on new training equipment we want to purchase. The training equipment will be used for further education to our crew members. The whole department believes that such initiative will be helpful in growing their knowledge base and perfecting their skills, which will in turn provide the community with better patient care. As our department progresses and grows, we need to keep up with the changes in medicine and work to make sure our skills are at their best. This piece of training equipment will help us do that.

I would like to purchase the REALTi 360 by iSimulate. The total price for this will be \$8,995. I choose this company because they do not have any membership fees and because they will fix the equipment if anything should go wrong with it. With this simulation monitor, we can set up a variety of patient care scenarios to help increase our provider's abilities to provide the highest level of care for our patients.

Enclosed with this letter is a description of the equipment described above. We hope that you agree that this training equipment will be very beneficial to our department.

Thank you very much for your time and consideration.

All the best,

Wendy Wong

Training Officer, Deputy Chief of Laurel EMS



**iSimulate USA**

Albany Medical Center – BACC 43 New Scotland Ave (MC #25)  
Albany  
NY  
United States 12208

**Quote**

Date Created: 02/13/2020  
Valid Until: 03/13/2020  
Quote Number: 7100

**BILL TO:**

215 West 1st Street  
Laurel  
MT  
United States  
59044

**SHIP TO:**

215 West 1st Street  
Laurel  
MT  
United States  
59044

Account Name: Laurel Ambulance Service  
Contact Name: Levi Vandersloot

Currency: USD

**S.No. Product Details****1. REALITI 360 Plus REALITI360PL**

Qty	List Price	Total
1	\$ 8,995.00	\$ 8,995.00

REALITI 360 Plus Full Membership  
- One (1) Premium Screen of choice- Life Pack 15

**Simulation Set Complete including:**

- One (1) iPad Wi-Fi
- One (1) iPad Pro 12.9" Wi-Fi
- Fixed Wi-Fi
- iPad Cover
- Facilitator Case
- Monitor Bag
- Simulation Lead set (Adult)
- Power System
- Configuration & Setup
- 1 Year Support
- Shipping CONUS

Sub Total	\$ 8,995.00
Tax/GST	\$ 0.00
Shipping	\$ 0.00
<b>Grand Total</b>	<b>\$ 8,995.00</b>

**Terms and Conditions**

A penalty of 1.5% per month will be charged on any invoices not paid within 30 days. Customers are responsible for all duties, taxes, and customs charges. All payments must be in currency listed on quote. iSimulate is not responsible for any currency exchange differences. All orders will be invoiced and/or charged on the day in which the order is shipped. Terms on iSimulate quotes supersede any terms and conditions on a customer purchase order. For US Dollar quotes, Customer agrees to fully comply with U.S. Export Administration Regulations and all other U.S. laws and regulations concerning exports and reexports to foreign countries.

Sign to accept quote:

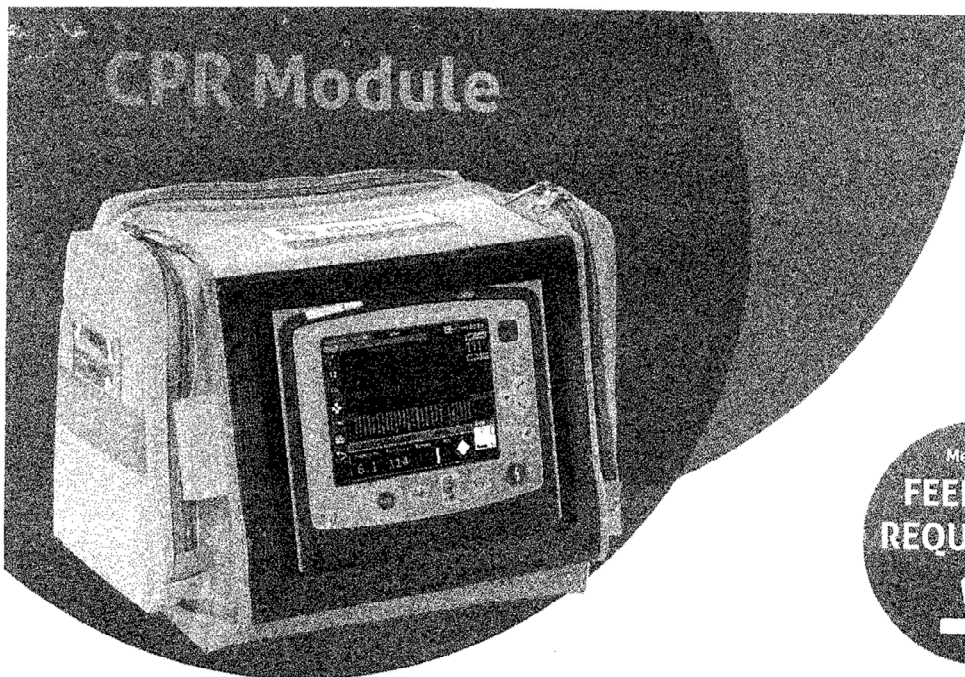
X

**Our Offices:**

43 New Scotland Ave, MC#25 Albany, NY 12208 (USA)  
Unit 17 Molonglo Mall, Fyshwick, ACT 2609 (Australia)  
6 Clayton St, New Market, Auckland 1023 (New Zealand)



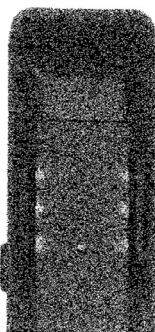
CPR Module



## Meet the 2019 AHA Feedback Requirement with REALiTi 360

Unique to REALiTi 360, the CPR Module provides candidates with detailed, real-time visual feedback on CPR quality. The rate, depth and release of each compression is captured. This information is clearly displayed on the monitor and included in the dashboard. CPR Reports can be generated then saved, printed or emailed.

The CPR Module comes with the activation of the CPR Feature in REALiTi 360 and the hardware can be deployed in 3 different ways. The system can be used on the wrists of the team (up to 4 bands), on the manikin using the puck or mounted on inside the manikin with the bracket.



### Reports

Provides CPR Reports



### Scenarios

Build into your scenarios



### Bluetooth

Quick, reliable connectivity

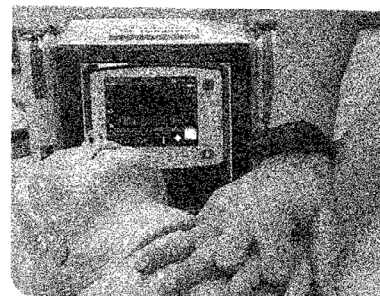


### Rechargeable battery

Up to one hour of continuous use

## INCLUSIONS

- Storage Case
- CPR Feature Software
- 2 x CPR Sensors
- 2 x CPR Sensor Wrist Straps
- 1x CPR Sensor Bracket
- 1x CPR Sensor Puck
- 1x Power Bank

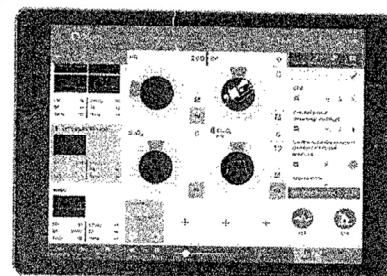
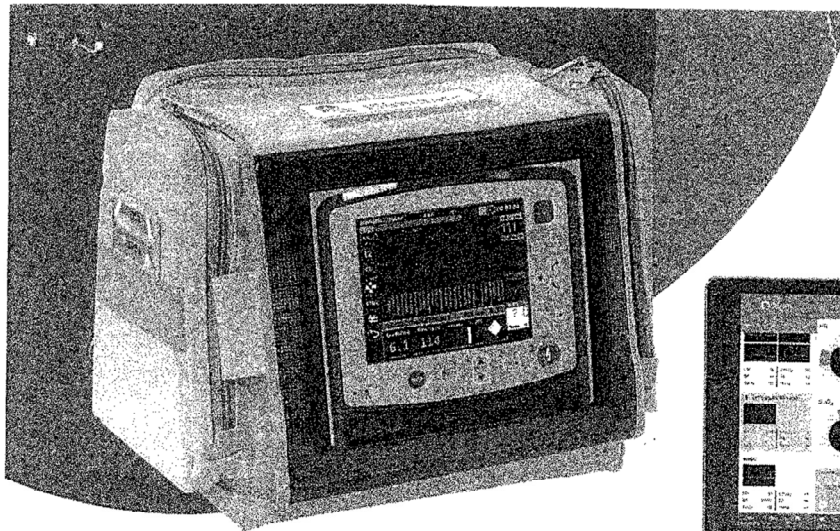


## CONTACT US

Albany Medical Center - BACC 43  
New Scotland Ave (MC #25) Albany, NY 12208  
P +1-518-261-1700  
E sales@isimulate.com W isimulate.com







## REALiTi 360 is a new, modularized smart solution for more reality in clinical education.

In the field, the back of an ambulance, your simulation center, or your department/unit, you can deliver extremely effective simulation anywhere and anytime.

Educators can focus on the simulation, rather than the technology with a system that will grow and adapt to your simulation needs now and in the future.

### REALiTi Inclusions

Core features on REALiTi Module System



#### PREMIUM SCREEN

Choose from our range of screens such as Zoll or Corplus



#### ADVANCED ECG

Including dynamic 12 Lead ECG



#### SCENARIOS

Build your own or run on the fly



#### MODULES

CPR, Video, Chart and many more coming soon



#### OSCE & LOG FUNCTION

Log and Capture performance



#### CONTENT

Use your own images or access the Life in the Fast Lane library



#### SOUNDS

Play voice, heart, lung and bowel sounds



#### COMMUNITY

Share scenarios, sounds, images and content

Date: 3/10/2020  
Fund: General  
Dept.: Ambulance

# PURCHASE REQUISITION

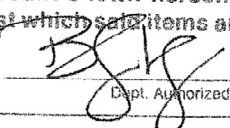
CITY OF LAUREL  
MONTANA  
59044

VENDOR: \_\_\_\_\_

VENDOR NO.: \_\_\_\_\_

Quantity	Fully Itemize	Est. Cost	Account Number
1	2019 AHA Feedback CPR Module	8995-	1000-270-
Total estimated cost		8995-	

The items listed above are a proper charge against the account shown hereon and the services or materials are to be used exclusively for the purpose against which said items are charged.

  
Dept. Authorized Signature \_\_\_\_\_  
Approval: \_\_\_\_\_  
Finance Committee \_\_\_\_\_  
Date: \_\_\_\_\_  
Richard A. K...  
3-10-20

RETURN TO CITY CLERK

Date: 3/10/2020  
Fund: General  
Dept.: Ambulance

# PURCHASE REQUISITION

CITY OF LAUREL  
MONTANA  
59044

VENDOR: \_\_\_\_\_

VENDOR NO.: \_\_\_\_\_

Quantity	Fully Itemize	Est. Cost	Account Number
1	2019 AHA Feedback CPR Module	8995-	1000-270-
Total estimated cost		8995-	

The items listed above are a proper charge against the account shown hereon and the services or materials are to be used exclusively for the purpose against which said items are charged.

Dept. Authorized Signature

Approval:  
Finance Committee

Date:

DEPARTMENT COPY

CITY HALL  
115 W. 1ST ST.  
PUB WORKS: 628-4796  
WATER OFC: 628-7431  
COURT: 628-1964  
FAX: 628-2241

# City of Laurel

P.O. Box 10  
Laurel, MT 59044



PURCHASE ORDER NUMBER

52444

The above order number must appear  
on all invoices, packages and correspondence.

TO: i Simulate  
43 New Scotland Ave  
Albany, NY  
12208

DATE: 3/19/20  
FUND: general  
DEPT: Arb  
INVOICE NO: 20142225

QUAN- TITY	FULLY ITEMIZE	COST	BUDGETARY ACCOUNT NUMBER
1	CPR module	\$995	1000-270-420730- 380
Amount of Claim		\$ 995	

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE



iSimulate  
 Albany Medical Center - BACC  
 43 New Scotland Ave (MC #25)  
 Albany, NY 12208  
 (518) 261-1700  
 sarah.spiak@isimulate.com  
 www.isimulate.com

## Invoice



BILL TO  
 Laurel Ambulance Service  
 215 West 1st Street  
 Laurel, MT 59044 USA

SHIP TO  
 Laurel Ambulance Service  
 215 West 1st Street  
 Laurel, MT 59044 USA

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
20142225	03/19/2020	\$995.00	04/18/2020	Net 30	

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

SHIP DATE	SHIP VIA	TRACKING NO.	ORDER NO.
03/19/2020	UPS	1Z12R18W0399405846	SQ 7099

ACTIVITY	QTY	RATE	AMOUNT
CPR360 REALITI 360 CPR Module	1	995.00	995.00

A penalty of 1.5% per month will be charged on any invoices not paid within 30 days. Customers are responsible for all duties, taxes, and customs charges. All payments must be in US Dollars. iSimulate is not responsible for any currency exchange differences. All orders will be invoiced and/or charged on the day in which the order is shipped. Terms on iSimulate quotes supersede any terms and conditions on a customer purchase order. Customer agrees to fully comply with U.S. Export Administration Regulations and all other U.S. laws and regulations concerning exports and reexports to foreign countries.

**BALANCE DUE** **\$995.00**

Thank you for your business! | Remittance to: sarah.spiak@isimulate.com |

## PURCHASE ORDER

C 15620

CITY HALL  
115 W. 1ST ST.  
PUB WORKS: 628-4786  
WATER OFC: 628-7431  
COURT: 628-1964  
FAX: 628-2241

## City of Laurel

P.O. Box 10  
Laurel, MT 59044



PURCHASE ORDER NUMBER

52445

The above order number must appear  
on all invoices, packages and correspondence.

TO: i Struelake  
43 New Scotland Ave  
Albany, NY 12208

DATE: 3/19/20  
FUND: general  
DEPT: Amb  
INVOICE NO: 20192226

QUAN- TITY	FULLY ITEMIZE	COST	BUDGETARY ACCOUNT NUMBER
1	Stethoscope	\$995	1000-270-426730- 380
Amount of Claim \$		995	

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

iSimulate  
 Albany Medical Center - BACC  
 43 New Scotland Ave (MC #25)  
 Albany, NY 12208  
 (518) 261-1700  
 sarah.spiak@isimulate.com  
 www.isimulate.com

# Invoice



BILL TO  
 Laurel Ambulance Service  
 215 West 1st Street  
 Laurel, MT 59044 USA

SHIP TO  
 Laurel Ambulance Service  
 215 West 1st Street  
 Laurel, MT 59044 USA

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
20142226	03/19/2020	\$995.00	04/18/2020	Net 30	

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

SHIP DATE	SHIP VIA	TRACKING NO.	ORDER NO.
03/19/2020	UPS	1Z12R18W0399405846	SQ 7081

ACTIVITY	QTY	RATE	AMOUNT
Steth1 AURIS Training Stethoscope.	1	995.00	995.00

A penalty of 1.5% per month will be charged on any invoices not paid within 30 days. Customers are responsible for all duties, taxes, and customs charges. All payments must be in US Dollars. iSimulate is not responsible for any currency exchange differences. All orders will be invoiced and/or charged on the day in which the order is shipped. Terms on iSimulate quotes supersede any terms and conditions on a customer purchase order. Customer agrees to fully comply with U.S. Export Administration Regulations and all other U.S. laws and regulations concerning exports and reexports to foreign countries.

BALANCE DUE

**\$995.00**

Thank you for your business! | Remittance to: sarah.spiak@isimulate.com |

**File Attachments for Item:**

8. Review and approve the payroll register for pay period ending 12/27/2020 totaling \$164,132.16.

12/30/20  
09:05:37

CITY OF LAUREL  
Payroll Register  
For Payrolls from 12/31/20 to 12/31/20

Page: 61 of 62  
Report ID: P100

Total for Payroll Checks  
-----

	Employee	Employer	Amount
	-----	-----	-----
ADD1 HOURS (Additional lump sum pay)	0.00		23.08
ADD2 HOURS (Addtnl lump sum - On call)	0.00		346.17
ADDG HOURS (Longevity)	0.00		2,197.30
ADDL HOURS (Additional)	0.00		303.85
ADDT HOURS (Transport pay)	0.00		345.00
COMA HOURS (Comp Time Accumulated)	114.00		
COMP HOURS (Comp Time Used)	29.25		729.97
COVI HOURS (COVID LEAVE)	62.00		1,607.02
HOL HOURS (Holiday Pay)	347.50		8,279.60
HOLP HOURS (Regular holiday-police)	88.00		2,290.58
J015 HOURS (STEP-YRS OF SER)	18.00		876.00
J019 HOURS (BEREAVEMENT)	24.00		592.32
LV1 HOURS (Use Saved Hol.)	6.00		152.22
OVER HOURS (Overtime - shift 1)	60.50		2,269.13
OVTH HOURS (Holiday worked)	124.00		4,227.90
PERS HOURS (Personal Time Used)	80.50		2,066.44
REG HOURS (Regular Time)	3,828.00		92,739.25
REG1 HOURS (Additional to regular)	78.00		2,021.46
REG3 HOURS (Addition to regular pay)	24.00		612.24
REGA HOURS (Amb on-call Pay)	190.25		643.88
SHF2 HOURS (Shift 2 Differential)	226.00		169.50
SHF3 HOURS (Shift 3 Differential)	196.00		196.00
SHFA HOURS (Overtime Diff.-shift 2)	41.50		46.90
SHFE HOURS (Overtime Diff.-shift 3)	36.00		54.00
SICK HOURS (Sick Time)	154.50		3,991.92
STIP HOURS (Amb. meeting pay)	0.00		15.00
VACA HOURS (Vacation Time Used)	392.25		9,368.53
XLV1 HOURS (Save Holidays)	56.00		
 GROSS PAY	136,165.26	0.00	
NET PAY	98,129.04	0.00	
COLLIFE	-17.52	0.00	
DEFERRED COMP	150.00	0.00	
FIT	12,504.99	0.00	
MEDICARE	1,974.37	1,974.37	
MFORS	2,714.81	4,346.75	
P.E.R.S.	7,922.24	8,794.66	
SIT	6,359.00	0.00	
SOCIAL SECURITY	6,396.02	6,396.02	
UNEMPL. INSUR.	0.00	329.18	
WORKERS' COMP	0.00	6,125.92	
WY CHILD SUPPOR	32.31	0.00	
FIT/SIT BASE	125,378.21	0.00	
MEDICARE BASE	136,165.26	0.00	
PERS BASE	130,446.34	0.00	
SOC SEC BASE	103,161.79	0.00	
UN BASE	131,665.74	0.00	
WC BASE	133,993.58	0.00	

12/30/20  
09:05:37

CITY OF LAUREL  
Payroll Register  
For Payrolls from 12/31/20 to 12/31/20

Page: 62 of 62  
Report ID: P100

Total 27,966.90  
Total Payroll Expense (Gross Pay + Employer Contributions): 164,132.16

# of Employees 88 # of Checks 88

Prepared by:

*Kelly Strecker*

Approved by: