City of San Diego
PURCHASE ORDER
MODIFICATION

PO No. **4500069474**

Ship To: **Center ID:** RMAD RISK MANAGEMENT - ADMINISTRATION 1200 3RD AVE STE 1000 SAN DIEGO CA 92101-4189 USA	**Bill To:** RISK MANAGEMENT - ADMINISTRATION 1200 3RD AVE STE 1000 SAN DIEGO CA 92101-4189 USA	**Date:** 08/11/2015 **Page 1 of 2** **Billing Contact:** LISA GETZ **Telephone:**

Vendor: **Vendor ID:** **Phone:**	**Terms:** **Delivery Terms:** **Deliver on or before:** **Buyer:** **Telephone:**

Line #	Item ID/Description	Quantity/UM	Unit Price	Extended Price
	This is a MODIFICATION to an existing Purchase Order Do Not Duplicate Shipment. See Notes Below for Specific Modification(s) **********		USD	USD

Notes: The Terms and Conditions of this Purchase Order are available at http://sandiego.gov/purchasing/'

SEE LAST PAGE FOR TOTAL

IMPORTANT!

To ensure prompt payments, PO # must appear on all shipments and invoices; and, all invoices must be directed to *Billing* Contact person at *Bill-To* address listed above

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Line #	Item ID/Description	Quantity/UM	Unit Price	Extended Price
	Notes:			

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Line Item Total	$	0.00
Tax	$	0.00
PO Total	**$**	**0.00**

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