

City of San Diego PURCHASE ORDER MODIFICATION

PO No. 4500077743

Date: 05/24/2016 Page 1

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	THER VIGIL						
Ship To: SDFD EMER MEDICAL SVCS EMERGENCY MEDICAL SERVICES MS 603 1010 2ND AVE STE 300 SAN DIEGO CA 92101-4903		SDFD EMER MEDICAL SVCS EMS Program Manager 1010 2ND AVE STE 300 SAN DIEGO CA 92101-4903		Billing Contact: PHILIP BLAKE Telephone: E-Mail:pblake@sandiego.gov			
PO Box 8500 LOCK BOX 4987 Delivery T				days Due net Terms: STINATION			
			Buyer:	CoSD Purchasi	ng		
			Telepho	Telephone: 619-236-6000			
Vendor	ID: 10011592 Telephone:	E-Mail:	E-Mail:				
Line #	Item ID/Description	Del.Date Qu	uantity/UM	Unit Price	Exte	ended Price	
	This is a MODIFICATION Do Not Du See Notes Below fr	I to an existing Purchase Order plicate Shipment. or Specific Modification(s)					
1	RESUSCI ANNE SIMULATOR INCLUDES MAN	IIKIN 05/20/2016	2 EA	USD	USD	17,446.40	
	Contact Phil Blake, EMS Analyst (619) 726-211 regarding this requisition. Quote attached. Estimated tax (per quote): \$2171.73	6 with any questions					
**	Non-Deductible Tax Item completely delivered				USD	1,395.71	
2	SIM PAD 200-30150	05/20/2016	2 EA	USD	USD	5,440.00	
***	Non-Deductible Tax Item completely delivered				USD	435.20	
3	LAPTOP LLEAP INSTRUCTOR	05/20/2016	2 EA	USD	USD	3,880.00	
***	Non-Deductible Tax				USD	310.40	
	Item completely delivered			_			
4	DEFIB TRAINING CABLE	05/20/2016	2 EA	USD	USD	221.84	
***	Non-Deductible Tax Item completely delivered				USD	17.75	
5	SHIPPING	05/20/2016	1 EA	USD	USD	158.41	
	Non-Deductible Tax				USD	12.67	
***	Item completely delivered			_			
Notes: Th	ne Terms and Conditions of this Purchase O		irchasing/	Line Item Total		39,005.75	
		PRTANT!			\$	3,119.77	
	re prompt payments, PO # must appear	on all shipments and invoices; all invess listed above	voices must b	e PO Total	\$	42,125.52	