

## City of San Diego PURCHASE ORDER

PO No. 4500089565

Date: 05/16/2017 Page 1 of 1

Ship To:

SDFD EMER MEDICAL SVCS EMERGENCY MEDICAL SERVICES MS 603 1010 2ND AVE STE 300 SAN DIEGO CA 92101-4903 Bill To:

EMERGENCY MEDICAL SERVICES 1010 SECOND AVE SAN DIEGO CA 92101 Billing Contact: YESENIA GOMEZ

Telephone:

E-Mail:YGOMEZ@SANDIEGO.GOV

Vendor: Laerdal Medical Corporation

PO Box 8500 LOCK BOX 4987

Philadelphia PA 19178

Terms:

within 30 days Due net

**Delivery Terms:** FOB Destination

Buyer: CoSD Purchasing

**Telephone:** 619-236-6000

**Vendor ID:** 10011592 **Telephone:**800-431-1055 **E-Mail:** 

E-Mail:

Line#	Item ID/Description  235-20001 SIMMAN ALS MANIKIN AND ACCESSO  Contact Phil Blake, EMS Analyst (619) 726-2116 with any questions regarding this requisition. Quote attached.	<b>Del.Date</b> 05/19/2017	Quantity/UM	Un	Unit Price		Extended Price	
1			1 EA	USD	17,860.00	USD	17,860.00	
	Estimated tax (per quote): \$1440.94 SHIPPING:\$272.85							
***	Non-Deductible Tax  Item completely delivered					USD	1,384.15	
2	185-10050 SHOCKLINK SYSTEM	05/19/2017	1 E/	USD	459.85	USD	459.8	
**	Non-Deductible Tax Item completely delivered					USD	35.64	
3	235-VPLUSP2 SIMMAN VP P YR2  Non-Deductible Tax  Item completely delivered	05/19/2017	1 E/	USD	8,601.00	USD	8,601.00 666.58	
4	SHIPPING Item completely delivered	05/19/2017	272.85 E <i>l</i>	USD	1.00	USD	272.8	
Notes: The Terms and Conditions of this Purchase Order are available at http://sandiego.gov/purchasing/					em Total \$		27,193.70	
IMPORTANT!				Tax	\$	5	2,086.37	
o ensur	re prompt payments, PO # must appear on all shipment to <i>Billing</i> Contact person at <i>Bill-To</i> address listed above	s and invoices;	all invoices mus	PO To	otal \$	5	29,280.07	