

City of San Diego PURCHASE ORDER

PO No. 4500093536

Date: 09/15/2017 Page 1 of 1

Ship To:

POLICE-CHILD ABUSE 1401 BROADWAY San Diego CA 92101-5710 Bill To:

POLICE 1401 BROADWAY SAN DIEGO CA 92101-5710 **Billing Contact:**Gerardo Edgar Sison

Telephone:

E-Mail: GSISON@PD.SANDIEGO.GOV

Vendor: Rady Childrens Hospital C O

Attention Monica King

3020 Children's Way MC 5073 San Diego CA 92123-4223 Terms:

within 30 days Due net

Delivery Terms: FOB Destination

Buyer: Ray Falcon

Telephone: 619-236-6037

 Vendor ID:
 10018895
 Telephone:
 E-Mail:
 MMoran@rchsd.org

 E-Mail:
 RFalcon@sandiego.gov

Line #	Item ID/Description	Del.Date	Quantity/UM	Unit Price	Exte	nded Price
1	FORENSIC MEDICAL SERVICES City of San Diego Police Dept./Child Abuse Unit Dept. Open as needed - forensic medical evauations to childred age of eighteen for the period 7/1/2017 through 6/30/2018	06/30/2018 en under the	232,200 EA	USD 1.00	USD	232,200.00
	PO released NTE as may be required. Update insurance and business tax as required.					
	Requestor: Brent Williams (619) 531-2686 MS 744 Analyst: Rita Castillo (619) 525-8450 MS 715					
	PO number to be on all invoices.					
	***To ensure prompt payments please mail invoices within five days from delivery of items or completed service.	e business				
	Invoice should be mailed to:					
	San Diego Police Department ATTN: Accounts Payable 1401 Broadway, MS-715 San Diego, CA 92101					
****	Item partially delivered					
	nem partially delivered					
Notos: T	he Terms and Conditions of this Durchess Order are such	ilable at http://gandiaga	gov/ourobooing/			
Notes: The Terms and Conditions of this Purchase Order are available at http://sandiego.gov/purchasing/			Line Item Total S		232,200.00	
	IMPORTANT!			Tax S	•	0.00
To ensure prompt payments, PO # must appear on all shipments and invoices; all invoices must be directed to $Billing$ Contact person at $Bill-To$ address listed above				PO Total	•	232,200.00