

City of San Diego PURCHASE ORDER

PO No. 4500098109

Date: 03/01/2018 Page 1 of 4

Ship To:

Bill To:

City of San Diego Billing Contact for Delivery Address PERSONNEL 1200 THIRD AVE SAN DIEGO CA 92101 **Billing Contact:** Genevive Yambao

Telephone:

E-Mail:GYAMBAO@SANDIEGO.GOV

Vendor:

U S Healthworks Medical Group Pc

5575 Ruffin Rd Ste 100 San Diego CA 92123-1361 Terms:

within 30 days Due net **Delivery Terms:**FOB Destination

Buyer: Michael Warner

Telephone: 619-236-6154

Vendor ID: 10006392 **Telephone**:858-277-2744 **E-Mail**:

E-Mail: MWarner@sandiego.gov

| Line # | Item ID/Description Serv # Service Descripti | Del.Date ion | Quantity/Ord UoM | Unit Price/Prc UoM Conv Factor | Extended Price | |
|-----------|--|-------------------------------------|------------------|-----------------------------------|----------------|--|
| 1 | Personnel- Group I (FF) Med Exam | 06/30/2018 | 29 EA | 491.00 EA | USD 14,239.00 | |
| | Vendor: US Healthworks December 2017 Invoice 3270470-CA Medical Examination | | | | | |
| | Department Contact: Sonia Tucci STucci@sandiego.gov 619-236-6604 | | | | | |
| | Billing Contact: Genevive Yambao GYambao@sandiego.gov 619-236-6625 | | | | | |
| | Accounting Numbers: GL- 512059 CC- 1212120013 Fund- 100000 | | | | | |
| ** | Item completely delivered | | | | | |
| 2 | Personnel- Group II Med Exam | 06/30/2018 | 10 EA | 349.00 EA | USD 3,490.00 | |
| ** | Accounting Numbers: GL- 512059 CC- 1212120013 Fund- 100000 Item completely delivered | | | | | |
| 3 | Personnel- Group III Med Exam | 06/30/2018 | 5 EA | 172.00 EA | USD 860.00 | |
| ** | Accounting Numbers: GL- 512059 CC- 1212120013 Fund- 100000 Item completely delivered | | | | | |
| | | | | | | |
| Notes: Th | he Terms and Conditions of this Purchase Order an | re available at http://sandiego.gov | //purchasing/ | | ST PAGE | |
| Го еņsųг | IMPORTA re prompt payments, PO # must appear on a to Billing Contact person at Bill-To address lis | | invoices must be | | TOTAL | |



City of San Diego PURCHASE ORDER

PO No. 4500098109

Date: 03/01/2018

Page 2 of 4

| Line# | Item ID/Description Serv# Service Description | Del.Date | Quantity/Ord UoM | Unit Price/Prc Uoi Conv Factor | Extended Price | | | |
|----------|---|-------------------------|------------------|-----------------------------------|----------------------------|----------|--|--|
| 4 | Personnel- DMV | 06/30/2018 | 9 EA | 101.00 EA | USD | 909.00 | | |
| | Accounting Numbers: GL- 512059 CC- 1212120013 | | | | | | | |
| *** | Fund- 100000 Item completely delivered | | | | | | | |
| 5 | Personnel- UDS | 06/30/2018 | 188 EA | 52.00 EA | USD | 9,776.00 | | |
| | Accounting Numbers: GL- 512059 CC- 1212120013 Fund- 100000 | | | | | | | |
| *** | Item completely delivered | | | | | | | |
| 6 | Personnel- Fitness for Duty Exam | 06/30/2018 | 1 EA | 76.00 EA | USD | 76.00 | | |
| | Accounting Numbers: GL- 512059 CC- 1212120013 Fund- 100000 | | | | | | | |
| *** | Item completely delivered | | | | | | | |
| 7 | Personnel- OBS D.S. | 06/30/2018 | 1 EA | 65.00 EA | USD | 65.00 | | |
| | Item completely delivered | | | | | | | |
| 8 *** | Personnel- DMV/Audiogram Item completely delivered | 06/30/2018 | 1 EA | 128.00 EA | USD | 128.00 | | |
| | | | | | | | | |
| 9 | Env Svcs- Group II Med Exam Department Contact: Traci Rosete TRosete@sandiego.gov 858-492-5032 | 06/30/2018 | 1 EA | 349.00 EA | USD | 349.00 | | |
| | Billing Contact: Genevive Yambao GYambao@sandiego.gov 619-236-6625 | | | | | | | |
| | Accounting Numbers: 57% 2115130013, 100000 25% 2115131112, 700048 18% 2115131111, 700048 | | | | | | | |
| *** | Item completely delivered | | | | | | | |
| 10 | Env Svcs- DMV | 06/30/2018 | 2 EA | 101.00 EA | USD | 202.00 | | |
| Notes: T | he Terms and Conditions of this Purchase Order are availa | able at http://sandiego | .gov/purchasing/ | eer i | A CT ' | | | |
| | IMPORTANT! | | | | SEE LAST PAGE FOR TOTAL | | | |



City of San Diego PURCHASE ORDER

PO No. 4500098109

Date: 03/01/2018

Page 3 of 4

| Line# | Serv# | Item ID/Description Service Description | Del.Date | Quantity/Ord UoM | Unit Price/Prc Uom Conv Factor | Extended Price | |
|------------|--|--|--------------------------|----------------------------|-----------------------------------|----------------|--|
| | Accounting Numbe 57% 2115130013, 25% 2115131112, 18% 2115131111, | rs: 100000 700048 | | | | | |
| *** | Item completely de | ivered | | | | | |
| 11 | Env Svcs- UDS | | 06/30/2018 | 1 EA | 52.00 EA | USD 52.00 | |
| | Accounting Numbe 57% 2115130013, 25% 2115131112, 18% 2115131111, | 100000 700048 | | | | | |
| *** | Item completely de | livered | | | | | |
| 12 | PUD- Group II Med | Exam | 06/30/2018 | 5 EA | 349.00 EA | USD 1,745.00 | |
| | Department Contac Catherine Rivera RiveraC@sandiego 858-654-4217 | | | | | | |
| | Billing Contact: Genevive Yambao GYambao@sandie 619-236-6625 | go.gov | | | | | |
| *** | Accounting Numbe 49% 2000120001, 18% 2000120001, 33% 2000120001, Item completely de | 700011 700000 700001 | | | | | |
| 13 | PUD- Group III Med | d Exam | 06/30/2018 | 2 EA | 172.00 EA | USD 344.00 | |
| *** | Accounting Numbe 49% 2000120001, 18% 2000120001, 33% 2000120001, Item completely de | 700011 700000 700001 | | | | | |
| 14 | PUD- DMV | | 06/30/2018 | 17 EA | 101.00 EA | USD 1,717.00 | |
| *** | Accounting Numbe 49% 2000120001, 18% 2000120001, 33% 2000120001, Item completely del | 700011 700000 700001 | | | | | |
| 15 | PUD- UDS | | 06/30/2018 | 7 EA | 52.00 EA | USD 364.00 | |
| | Accounting Numbe 49% 2000120001, 18% 2000120001, 33% 2000120001, | 700011 700000 | | | | | |
| Notes: T | he Terms and Cond | itions of this Purchase Order are avail | able at http://sandiego. | gov/purchasing/ | SEEIA | ST DVCE | |
| IMPORTANT! | | | | SEE LAST PAGE FOR TOTAL | | | |
| To ensur | e prompt paymen to <i>Billing</i> Contact p | IMPORTANT! ts, PO # must appear on all shiproperson at Bill-To address listed ab | ments and invoices; | all invoices must be | FOR | | |



City of San Diego PURCHASE ORDER

PO No. 4500098109

Date: 03/01/2018

Page 4 of 4

| Line# | Item ID/Description | Del.Date | Quantity/Ord UoM | Unit Price/Prc Uor Conv Factor | n Exte | nded Price |
|-----------|--|-------------------------------|---------------------|-----------------------------------|--------|------------|
| *** | Serv# Service Description Item completely delivered | | | Conv Factor | | |
| | | | | | | |
| 16 | Fleet Ops- Group II Med Exam | 06/30/2018 | 1 EA | 349.00 EA | USD | 349.00 |
| | Department Contact: Bert Salamida NSalamida@sandiego.gov | | | | | |
| | 619-527-7594 | | | | | |
| | Billing Contact: Genevive Yambao GYambao@sandiego.gov 619-236-6625 | | | | | |
| | Accounting Numbers: GL- 512059 CC- 1317001101 | | | | | |
| ** | Fund- 720000 Item completely delivered | | | | | |
| 17 | Fleet Ops- DMV | 06/30/2018 | 5 EA | 101.00 EA | USD | 505.00 |
| ** | Accounting Numbers: GL- 512059 CC- 1317001101 Fund- 720000 | | | | | |
| | Item completely delivered | | | | _ | |
| 18 | Fleet Ops- UDS | 06/30/2018 | 1 EA | 52.00 EA | USD | 52.00 |
| | Accounting Numbers: GL- 512059 CC- 1317001101 Fund-720000 | | | | | |
| *** | PO released NTE purchase order value or as may be modificulty Update Insurance and Business Tax Certificate as required. Item completely delivered | ed by the City. | | | | |
| | | | | | _ | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Notes: Th | ne Terms and Conditions of this Purchase Order are ava | ailable at http://sandiego.go | ov/purchasing/ | Line Item Total | \$ | 35,222.0 |
| | IMPORTANT! | | | Tax | \$ | 0.00 |
|) ensure | e prompt payments, PO # must appear on all shi o <i>Billing</i> Contact person at <i>Bill-To</i> address listed a | pments and invoices; a | Il invoices must be | PO Total | \$ | 35,222.00 |