

City of San Diego PURCHASE ORDER

PO No. 4500098410

Date: 03/14/2018 Page 1 of 1

Ship To:

City of San Diego Billing Contact for Delivery Address Bill To:

STORM WATER STE 100 9370 CHESAPEAKE DRIVE SAN DIEGO CA 92123 Billing Contact: Saba Fadhil

Telephone:

E-Mail:SFADHIL@SANDIEGO.GOV

Vendor: Xylem Dewatering Solutions Inc

Godwin Pumps of America 1 International Drive Rye Brook NY 10573 Terms:

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

Buyer: Ray Falcon

Telephone: 619-236-6037

Vendor ID: 10017190 **Telephone:**858-679-9017 **E-Mail:** Susana.Tapia@Xyleminc.com

E-Mail: RFalcon@sandiego.gov

| Line # | Item ID/Description Serv # Service Description | Del.Date | Quantity/Ord Uol | Unit Price/Prc UoM Conv Factor | Exte | ended Price |
|---|---|----------------------------|----------------------|-----------------------------------|-----------|-------------|
| 1 | Pump parts and accessories | 06/30/2018 | 25,000 EA | 1.00 EA | USD | 25,000.00 |
| | This Purchase Order expires on June 30th, 2018. | | | | | |
| | Send invoices for payment via mail to billing address or via PDF Accounts Payable section @ StormWater_AP@sandiego.gov | to: | | | | |
| | Vendor to provide Pump hoses, couplings and related equipmen and address hig water issues citywide as may be required from through 06/30/2018. For Storm Water Division- Pump station see | 07/01/2017 | | | | |
| | Department Contact Paul Anderson: 619-665-5474 | | | | | |
| *** | Item completely delivered | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Notes: The Terms and Conditions of this Purchase Order are available at http://sandiego.gov/purchasing/ | | | Line Item Total | | 25,000.00 | |
| | IMPORTANT! | | | Tax | \$ | 0.00 |
| o ensu | re prompt payments, PO # must appear on all shipm to Billing Contact person at Bill-To address listed abo | nents and invoices; | all invoices must be | PO Total | \$ | 25,000.00 |
| To ensu directed ev 04 - 16 | re prompt payments, PO # must appear on all shipm to <i>Billing</i> Contact person at <i>Bill-To</i> address listed about | nents and invoices; ove | all invoices must be | PO Total | \$ | 25,000 |