

Billing Contact for Delivery Address

City of San Diego PURCHASE ORDER

PO No. 4500098559

Date: 03/21/2018 Page 1 of 5

Ship To:

City of San Diego

Vendor ID: 10006392

Bill To:

PERSONNEL 1200 THIRD AVE SAN DIEGO CA 92101 Billing Contact: Kumiko Hayazaki

Telephone:

E-Mail: KHAYAZAKI@SANDIEGO.GOV

Vendor:

U S Healthworks Medical Group Pc

Telephone:858-277-2744 **E-Mail:**

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

E-Mail: MWarner@sandiego.gov

Item ID/Description Quantity/Ord UoM Unit Price/Prc UoM Line# Del.Date **Extended Price** Serv# **Service Description Conv Factor** 1 Personnel - Group I (FF) Med Exam 06/30/2018 12 EA 675.00 EA USD 8,100.00 Vendor: **US Healthworks** February 2018 Invoice 3285968-CA Medical Examination Department Contact: Sonia Tucci STucci@sandiego.gov 619-236-6402 Billing Contact: Kumiko Hayazaki KHayazaki@sandiego.gov 619-236-6354 Item completely delivered 2 Personnel - Group I (Resp) Med Exam 06/30/2018 7 EA 491 00 EΑ USD 3,437.00 Vendor: **US Healthworks** February 2018 Invoice 3285968-CA Medical Examination Department Contact: Sonia Tucci STucci@sandiego.gov 619-236-6402 Billing Contact: Kumiko Hayazaki KHayazaki@sandiego.gov 619-236-6354 Item completely delivered 06/30/2018 16 FA USD 6,384.00 3 Personnel - Group I Med Exam 399.00 EA Notes: The Terms and Conditions of this Purchase Order are available at http://sandiego.gov/purchasing/ **SEE LAST PAGE**

IMPORTANT!

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**

SEE LAST PAGE FOR TOTAL



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Line#	Item ID/Description Serv# Service Descr	Del.Date	Quantity/Ord UoM	Conv Factor	Extended Price
	Vendor: US Healthworks February 2018 Invoice 3285968-CA Medical Examination Department Contact: Sonia Tucci STucci@sandiego.gov 619-236-6402 Billing Contact: Kumiko Hayazaki KHayazaki@sandiego.gov				
***	619-236-6354 Item completely delivered				
4	Personnel - Group II Med Exam	06/30/2018	8 EA	349.00 EA	USD 2,792.00
	Vendor: US Healthworks February 2018 Invoice 3285968-CA Medical Examination		2	2.5.55	
	Department Contact: Sonia Tucci STucci@sandiego.gov 619-236-6402				
	Billing Contact: Kumiko Hayazaki KHayazaki@sandiego.gov 619-236-6354				
***	Item completely delivered				
5	Personnel - Group III Med Exam	06/30/2018	7 EA	172.00 EA	USD 1,204.00
	Vendor: US Healthworks February 2018 Invoice 3285968-CA Medical Examination Department Contact: Sonia Tucci STucci@sandiego.gov 619-236-6402				
	Billing Contact: Kumiko Hayazaki KHayazaki@sandiego.gov 619-236-6354				
***	Item completely delivered				
6	Personnel - DMV	06/30/2018	10 EA	101.00 EA	USD 1,010.0
Notes: Th	he Terms and Conditions of this Purchase Orde	r are available at http://sandiego.go	ov/purchasing/	SEEIA	ST PAGE
	IMPOR1	ΓΛΝΤΙ			TOTAL



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Line#	Item ID/Description Serv# Service Description	Del.Date tion	Quantity/Ord UoM	Unit Price/Prc Uom Conv Factor	Extended Price
	Vendor: US Healthworks February 2018 Invoice 3285968-CA Medical Examination				
	Department Contact: Sonia Tucci STucci@sandiego.gov 619-236-6402				
	Billing Contact: Kumiko Hayazaki KHayazaki@sandiego.gov 619-236-6354				
***	Item completely delivered				
7	Personnel - UDS	06/30/2018	238 EA	52.00 EA	USD 12,376.00
	Vendor: US Healthworks February 2018 Invoice 3285968-CA Medical Examination				
	Department Contact: Sonia Tucci STucci@sandiego.gov 619-236-6402				
	Billing Contact: Kumiko Hayazaki KHayazaki@sandiego.gov 619-236-6354				
***	Item completely delivered				
8	Personnel - Fitness for Duty Exam	06/30/2018	12 EA	62.00 EA	USD 744.00
	Vendor: US Healthworks February 2018 Invoice 3285968-CA Medical Examination				
	Department Contact: Sonia Tucci STucci@sandiego.gov 619-236-6402				
	Billing Contact: Kumiko Hayazaki KHayazaki@sandiego.gov 619-236-6354				
***	Item completely delivered				
9	Env Svcs - DMV	06/30/2018	4 EA	101.00 EA	USD 404.00
	Vendor:				
Notes: Th	he Terms and Conditions of this Purchase Order a	are available at http://sandiego.go	v/purchasing/	SEE LA	ST PAGE
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Line#	Item ID/Descript Serv# S	ervice Description	Del.Date	Quantity/Ord UoM	Conv Factor	Extended Price	
	US Healthworks February 2018 Invoice 3285968-CA Medical Examination	CONCEDESCRIPTION			CONTYTIALION		
	Department Contact: Sonia Tucci STucci@sandiego.gov						
	619-236-6402 Billing Contact: Kumiko Hayazaki						
	KHayazaki@sandiego.gov 619-236-6354						
***	Item completely delivered						
10	DSD - Group III Med Exam		06/30/2018	6 EA	172.00 EA	USD 1,032.00	
	Vendor: US Healthworks February 2018 Invoice 3285968-CA Medical Examination						
	Department Contact: Sonia Tucci STucci@sandiego.gov 619-236-6402						
	Billing Contact: Kumiko Hayazaki KHayazaki@sandiego.gov 619-236-6354						
***	Item completely delivered						
11	PUD - Group III Med Exam		06/30/2018	1 EA	172.00 EA	USD 172.00	
	Vendor: US Healthworks February 2018 Invoice 3285968-CA Medical Examination						
	Department Contact: Sonia Tucci STucci@sandiego.gov 619-236-6402						
	Billing Contact: Kumiko Hayazaki KHayazaki@sandiego.gov 619-236-6354						
***	Item completely delivered						
12	PUD - DMV		06/30/2018	20 EA	101.00 EA	USD 2,020.00	
	Vendor: US Healthworks						
Notes: Ti	ne Terms and Conditions of this Pur	chase Order are availab	ole at http://sandiego.	gov/purchasing/	SEFIA	ST PAGE	
IMPORTANT!					SEE LAST PAGE FOR TOTAL		



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	Serv# February 2018 Invoice 328596 Medical Examin	Service Description			Conv Factor	
	weuldai Examin					
	Department Con Sonia Tucci STucci@sandie	ntact:				
	619-236-6402	go.go.				
	Billing Contact: Kumiko Hayaza KHayazaki@sa 619-236-6354	iki ndiego.gov				
**	Item completely	delivered				
13	General Svcs -	DMV	06/30/2018	1 EA	101.00 EA	USD 101.00
	Vendor: US Healthworks February 2018 Invoice 328596 Medical Examin	8-CA				
	Department Cor Sonia Tucci STucci@sandie 619-236-6402					
	Billing Contact: Kumiko Hayaza KHayazaki@sa 619-236-6354	iki ndiego.gov				
**	Item completely	delivered				
otes:		TE purchase order value or as may be modifice and Business Tax Certificate as required.				
l otes: Th	ne Terms and Co	onditions of this Purchase Order are av		ov/purchasing/	Line Item Total \$	
		IMPORTANT! nents, PO # must appear on all sh ct person at <i>Bill-To</i> address listed a		II dan sada	Tax \$ PO Total \$	