

## City of San Diego PURCHASE ORDER

PO No. 4500100672

Date: 07/02/2018 Page 1 of 2

Ship To:

City of San Diego Billing Contact for Delivery Address 9192 TOPAZ WAY SAN DIEGO 92123

Vendor ID: 10001468

Bill To:

Telephone:858-499-3650 E-Mail: alan.bier@sharp.com

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

CITY OF SD - PUD TRAINING CTR 5510 KIOWA DRIVE SAN DIEGO CA 91942-1331 Billing Contact: CAROL LOTT-KNIGHT

Telephone:

E-Mail:clottknight@sandiego.gov

Vendor: Sharp Rees Stealy Medical Group

PO Box 939089

San Diego CA 92193-9089

Terms:

**FOB Destination** 

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

Buyer: Michael Warner Telephone: 619-236-6154

E-Mail: MWarner@sandiego.gov

Line #	Item ID/Description Serv # Service Description	Del.Date	Quantity/Ord UoM	Unit Price/Prc Uc Conv Factor	M Exte	ended Price			
1	FY19 RESPIRATOR CLEARANCE	06/30/2019	412 EA	60.00 EA	USD	24,720.00			
	FY19 RESPIRATOR CLEARANCE, As may be required 07/01/2018 - 06/30/2019. REPLACES PO 4500091678								
***	DEPARTMENT CONTACT DIEP NGUYEN 858 614-4064.  Item partially delivered								
2	FY19 PULMONARY FUNCTION	06/30/2019	412 EA	43.00 EA	USD	17,716.00			
	FY19 PULMONARY FUNCTION As may be required 07/01/2018 - 06/30/2019.								
	REPLACES PO 4500091678								
***	DEPARTMENT CONTACT - DIEP NGUYEN 858 614-4064.  Item partially delivered								
3	FY19 AUDIO PT	06/30/2019	412 EA	36.00 EA	USD	14,832.00			
	FY19 AUDIO PT As may be required 07/01/2018 - 06/30/2019.								
	REPLACES PO 4500091678								
***	DEPARTMENT CONTACT - DIEP NGUYEN 858 614-4064.  Item partially delivered								
4	FY19 CHEST X-RAY	06/30/2019	10 EA	56.00 EA	USD	560.00			
	FY19 CHEST X-RAY As may be required 07/01/2018 - 06/30/2019.								
	REPLACES PO 4500091678								
***	DEPARTMENT CONTACT - DIEP NGUYEN 858 614-4064. Item partially delivered								
The Terr	ns and Conditions of this Purchase Order are available at h	SEE LA	U AST∣	PAGE					
	IMPORTANT!					FOR TOTAL			



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Line#	Serv#	em ID/Description Service Description	Del.Date	Quantity/Ord UoM	Unit Price/Prc Uom Conv Factor	Extend	led Price
5	FY19 MISCELLANE	OUS REQUIRED MEDICAL TEST	06/30/2019	9,000 EA	1.00 EA	USD	9,000.00
	FY19 MISCELLANEOUS REQUIRED MEDICAL TESTS FOR CONFINED SPACES PROGRAM As may be required 07/01/2018 - 06/30/2019.						
	REPLACES PO 450	0091678					
***	DEPARTMENT CON	NTACT - DIEP NGUYEN 858 614-4064. ed					
Notes:	PO released NTE pu Update Insurance a						
The Term	ns and Conditions of	this Purchase Order are available at htt	p://www.sandiego.gov/p	ourchasing/vendor	Line Item Tetal	<u> </u>	66 000 0
		IMPORTANT!			Line Item Total S	<b>S</b>	66,828.0 0.0
o ensure	e prompt payment o <i>Billina</i> Contact n	s, PO # must appear on all shipme erson at <i>Bill-To</i> address listed abov	ents and invoices; all	l invoices must be	PO Total	5	66,828.00