

SAN DIEGO CA 92145

## **City of San Diego PURCHASE ORDER**

PO No. | 4500101405

Page 1 of 1 Date: 07/12/2018

Ship To:

2411 DAIRY MART RD. SAN DIEGO, CA. 92145 2411 DAIRY MART RD

Bill To:

PUD ACCOUNTS PAYABLE 9192 TOPAZ WAY SAN DIEGO CA 92123

**Billing Contact:** 

James N Massello Massello

Telephone:

E-Mail: JMassello@SANDIEGO.GOV

**ROCKWELL SOLUTIONS INC** Vendor:

21163 NEWPORT COAST, SUITE

#492

NEWPORT COAST CA 92657

Terms:

within 30 days Due net

**Delivery Terms: FOB Destination** 

Buyer: Michael Warner

Telephone: 619-236-6154

Vendor ID: 10031409 Telephone:888-357-7888 E-Mail: kent@rockwellsolutions.us E-Mail: MWarner@sandiego.gov

| Line#   | Item ID/Description Serv # Service Description  SB-VAUGHN 6" PORTABLE CHOPPER PUMP  | Del.Date 0          | Quantity/Ord UoM     | Unit Price/Prc UoM<br>Conv Factor |    | Extended Price |           |
|---------|---|---------------------|----------------------|-----------------------------------|----|----------------|-----------|
| 1       |   |                     | 1 EA                 | 74044.00                          | EA | USD            | 74,044.00 |
|         | Non-Deductible Tax  |                     |                      |                                   |    | USD            | 5,738.41  |
| otes:   | PO released NTE purchase order value or as may be modified  | by the City.        |                      |                                   |    |                |           |
|         |   |                     |                      |                                   |    |                |           |
|         |   |                     |                      |                                   |    |                |           |
|         |   |                     |                      |                                   |    |                |           |
|         |   |                     |                      |                                   |    |                |           |
|         |   |                     |                      |                                   |    |                |           |
|         |   |                     |                      |                                   |    |                |           |
|         |   |                     |                      |                                   |    |                |           |
|         |   |                     |                      |                                   |    |                |           |
|         |   |                     |                      |                                   |    |                |           |
|         |   |                     |                      |                                   |    |                |           |
|         |   |                     |                      |                                   |    |                |           |
|         |   |                     |                      |                                   |    |                |           |
| he Term |   |                     | Line Item Total \$   |                                   |    |                |           |
|         | IMPORTANT!  |                     |                      | Tax                               | \$ |                | 5,738.41  |
| o ensur | re prompt payments, PO # must appear on all shipr<br>to <i>Billing</i> Contact person at <i>Bill-To</i> address listed ab | nents and invoices; | all invoices must be | PO Total                          | \$ | ;              | 79,782.41 |