

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

PO No. | 4500103563

Page 1 of 1 Date: 08/16/2018

Ship To:

POLICE-MEDICAL ASSISTANCE 1401 BROADWAY San Diego CA 92101-5710

Bill To:

POLICE-FISCAL 1401 BROADWAY, MS715 SAN DIEGO CA 92101-5710

**Billing Contact:** Enrique Cortes Bonilla

Telephone:

E-Mail: ECORTESBONIL@PD.SANDIEGO

Vendor: U S Healthworks Medical Group

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

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

Buyer: Ray Falcon Telephone: 619-236-6037

Vendor ID: 10006392 Telephone:858-492-5430 E-Mail: Kathleen.Marchetti@USHWork E-Mail:

RFalcon@sandiego.gov

Line#	Item ID/Description Serv # Service Description	<b>Del.Date</b>	Quantity/Ord UoM	Unit Price/Prc UoM Conv Factor	Exter	nded Price
1	INFLUENZA VACCINE, RESPITORY QUESTIONAIR	06/30/2019	25,000 EA	1.00 EA	USD	25,000.00
	San Diego Police Dept. /MEDICAL ASSISTANCE					
	Influenza Vaccine, Hepatitis A&B Series     Respirator Questionnaire & Respirator Mask Fit Test					
	Requestor: Venus Wong (619) 531-2108 MS710 Analyst: Rita Castillo (619) 525-8450 MS715					
	PO number to be on all invoices.					
	***To ensure prompt payments please mail invoices within five days of service.	business				
	Invoice should be mailed to:					
	San Diego Police Department ATTN: Accounts Payable 1401 Broadway, MS-715 San Diego, CA 92101					
	PO released NTE purchase order value or as may be modified Update Insurance and Business Tax Certificate as required.	by the City.				
***	Item partially delivered					
The Terms and Conditions of this Purchase Order are available at http://www.sandiego.gov/purchasing/vendor			Line Item Total \$		25,000.00	
	IMPORTANT!			Tax \$	5	0.00
To ensur	re prompt payments, PO # must appear on all shipr to <i>Billing</i> Contact person at <i>Bill-To</i> address listed ab	nents and invoices;	all invoices must be	PO Total	5	25,000.00