



City of San Diego PURCHASE ORDER

PO No. 4500106550

Date: 11/13/2018 **Page 1 of 1**

Ship To: City of San Diego Billing Contact for Delivery Address 92101	Bill To: ECOMONIC DEVELOPMENT DEPARTMENT STE 1400 1200 THIRD AVE SAN DIEGO CA 92101	Billing Contact: Martha Luna Telephone: E-Mail: MELUNA@SANDIEGO.GOV
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Vendor: San Diego American Indian Health Center 2602 1st Ave Ste 105 San Diego CA 92103	Terms: within 30 days Due net Delivery Terms: FOB Destination
Vendor ID: 10040933 Telephone: E-Mail: Joe.bulfer@sdaihc.com	Buyer: Ana Garcia Telephone: 619-236-6150 E-Mail: AnaG@sandiego.gov

Line #	Serv #	Item ID/Description Service Description	Del.Date	Quantity/Ord UoM	Unit Price/Prc UoM Conv Factor	Extended Price
1		FY19 SD American Indian Health Center Reimbursement of eligible monthly expenditures to San Diego American Indian Health Center for certain services and activities related to the SDAIHC Health Center Capital Improvement project, a Community Development Block Grant project, until completion of the Scope of Work or June 30, 2020, whichever occurs first; provided that all reports and documentation required under the FY 2019 CDBG Agreement (including those required by the Operating Manual and the Playing by the Rules Handbook) are received by the City on such forms and in such manner as the City may require, within 15 calendar days of the end of each reporting period. Reso-311700. INSURANCE CERTIFICATES TO BE UPDATED AS REQUIRED	06/30/2020	288,558 EA	1.00 EA	USD 288,558.00

The Terms and Conditions of this Purchase Order are available at http://www.sandiego.gov/purchasing/vendor	Line Item Total \$ 288,558.00
IMPORTANT!	Tax \$ 0.00
To ensure prompt payments, PO # must appear on all shipments and invoices; all invoices must be directed to <i>Billing</i> Contact person at <i>Bill-To</i> address listed above	PO Total \$ 288,558.00