

Sales Rep Name: Scott Pufahl
 ProCare Service Rep: Steve Lutjemeier

3800 E. Centre Ave
 Portage, MI 49009

Date: 5/2/2022
 ID #: 220502110601

PROCARE PROPOSAL SUBMITTED TO:

Billing Acc Num: 1095237	Name: Russ Blackburn
Shipping Acct Num: 1095237	Title:
Account Name: City of Grand Island	Phone:
Account Address: 409 E Fonner Park Rd	Email:
City, State Zip: Grand Island, NE 68801	

PROCARE COVERAGE

Item No.	Model Number	Model Description	Serial Number	ProCare Program	Qty	Yrs				Total
1	6506	Power Cots	120739980	EMS Prevent	1	3				\$4,230.00
2	6506	Power Cots	110640775	EMS Prevent	1	3				\$4,230.00
3	6390	Power-LOAD	1908012400383	EMS Prevent	1	3				\$5,556.00
4	6390	Power-LOAD	1907012400018	EMS Prevent	1	3				\$5,556.00
5	6390	Power-LOAD	1907012400017	EMS Prevent	1	3				\$5,556.00
6	6506	Power Cots	1906003500014	EMS Prevent	1	3				\$4,230.00
7	6506	Power Cots	1906003500071	EMS Prevent	1	3				\$4,230.00
8	6506	Power Cots	1906003500072	EMS Prevent	1	3				\$4,230.00
9	6390	Power-LOAD	2106012400165	EMS Prevent	1	3				\$5,556.00
10	6506	Power Cots	090839601	EMS Prevent	1	3				\$4,230.00
11	6506	Power Cots	2106020700038	EMS Prevent	1	2	7/15/23-7/14/25			\$2,820.00
12	6506	Power Cots	2106020700038	EMS PM Only	1	1	7/15/22-7/14/23			\$266.00

PROGRAM INCLUDES:

EMS Prevent:

- *Includes parts, labor, travel
- *Includes 1 annual PM inspection
- *Includes unscheduled service
- *Includes battery replacement
- *Includes product equipment checklists.
- *Replacement parts do not include mattresses, and other Disposable or expendable parts.

EMS PM Only:

- *Includes 1 annual PM only.

Unless otherwise stated on contract, payment is expected upfront.

Annual Payments \$16,896.67	ProCare Total	\$50,690.00
See below for complete payment schedule	FINAL TOTAL	\$50,690.00

Start Date: 7/15/2022
 End Date: 7/14/2025

Scott Pufahl
 Stryker Signature _____ Date 6-16-22

Roger J. Steele 7/6/2022
 Customer Signature _____ Date

The Terms and Conditions of this quote and any subsequent purchase order of the Customer are governed by the Terms and Conditions located at <https://techweb.stryker.com>

The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are parties to a Master Service Agreement.

Purchase Order Number _____

This is not an invoice. A physical invoice will be mailed.
 Remit payment to: P.O. Box 93308 Chicago, IL 60673-3308

COMMENTS:

Please email signed Proposal and Purchase Order to procarecoordinators@stryker.com.
 All information contained within this quotation is considered confidential and proprietary and is not subject to public disclosure.
 **Quote pricing valid for 30 days.

Stacy R. Danko
 Interim City Attorney

PAYMENT SCHEDULE

<u>Date</u>	<u>Payment</u>	<u>Int. Paid</u>	<u>Prin. Remaining</u>	<u>Balance</u>
Starting Balance				\$ 50,690.00
7/1/2022	\$ 16,896.67	\$ -	\$ 33,793.33	\$ 33,793.33
7/1/2023	\$ 16,896.67	\$ -	\$ 16,896.67	\$ 16,896.67
7/1/2024	\$ 16,896.67	\$ -	\$ -	\$ -

SERIAL NUMBER SHEET			
Item No.	Model	Serial Number	Program
1	6506	120739980	EMS Prevent
2	6506	110640775	EMS Prevent
3	6390	1908012400383	EMS Prevent
4	6390	1907012400018	EMS Prevent
5	6390	1907012400017	EMS Prevent
6	6506	1906003500014	EMS Prevent
7	6506	1906003500871	EMS Prevent
8	6506	1906003500872	EMS Prevent
9	6390	2106012400165	EMS Prevent
10	6506	090839601	EMS Prevent
11	6506	2106020700038	EMS Prevent
12	6506	2106020700038	EMS PM Only

Purchase Order Form



Account Manager _____
 Cell Phone _____

Purchase Order Date _____
 Expected Delivery Date _____
 Stryker Quote Number 220502110557

Check box if Billing same as Shipping

BILL TO		CUSTOMER #
Billing Account Num	1095237	
Company Name		
Contact or Department		
Street Address		
Adj'l Address Line		
City, ST ZIP		
Phone		

SHIP TO		CUSTOMER #
Shipping Account Num	1095237	
Company Name	City of Grand Island	
Contact or Department	Russ Blackburn	
Street Address	409 E Fonner Park Rd	
Adj'l Address Line		
City, ST ZIP	Grand Island, NE 68801	
Phone	-	

Authorized Customer Initials _____

Authorized Customer Initials _____

DESCRIPTION	QTY	TOTAL
REFERENCE QUOTE <input type="text"/>	<input type="text"/>	<input type="text"/>

Accounts Payable Contact Information

Name _____
 Email _____
 Phone _____

Stryker Terms and Conditions
www.strykeremergencycare.com/terms

Authorized Customer Signature

Printed Name Roger G. Steele
 Title Mayor
 Signature Roger G. Steele
 Date 7/6/2022

Attachment Stryker Quote Number 220502110557

*Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services on the Stryker Quote.

Stacy R. Danko
 Interim City Attorney