



One Year Prevent Onsite LUCAS

Quote Number: 10858595

Version: 1

Prepared For: OFFICE OF GENESEE COUNTY SHERIFF
Attn:

Rep: Maegan Beveridge

Email:

Phone Number:

GPO: CUSTOMER CONTRACT

Service Rep: Brent Ball

Quote Date: 01/29/2024

Email:

Expiration Date: 02/28/2024

Contract Start: 01/01/2024

Contract End: 12/31/2024

Delivery Address

Name: OFFICE OF GENESEE COUNTY SHERIFF

Account #: 20156481

Address: 1002 S SAGINAW ST
FLINT
Michigan 48502-1410

Bill To Account

Name: OFFICE OF GENESEE COUNTY SHERIFF

Account #: 20156481

Address: 1002 S SAGINAW ST
FLINT
Michigan 48502-1410

ProCare Products:

#	Product	Description	Months	Qty	List Price	Discount %	Sell Price	Total
1.0	LUCAS-FLD-PROCARE	PROCARE-SVC-LUCAS-FIELD-REPAIR Parts, Labor, Travel Preventative Maintenance Batteries Service	12	5	\$1,719.00	0.0%	\$1,719.00	\$8,595.00
2.0	LUCAS-FLD-PROCARE	PROCARE-SVC-LUCAS-FIELD-REPAIR 05/01/2024 - 12/31/2024 Parts, Labor, Travel Preventative Maintenance Batteries Service	8	2	\$1,719.00	15.0%	\$974.10	\$1,948.20
ProCare Total:								\$10,543.20

Price Totals:

Authorized Customer Signer (Printed) _____ Date _____

Stryker Authorized Signature (Printed) _____ Date _____

Equipment Service Plan

Line Item #	Model	Serial #
1.0	PROCARE-SVC-LUCAS-FIELD-REPAIR	30136949
1.0	PROCARE-SVC-LUCAS-FIELD-REPAIR	30136950
1.0	PROCARE-SVC-LUCAS-FIELD-REPAIR	30136952
1.0	PROCARE-SVC-LUCAS-FIELD-REPAIR	3016G439
1.0	PROCARE-SVC-LUCAS-FIELD-REPAIR	30136944
2.0	PROCARE-SVC-LUCAS-FIELD-REPAIR	3520K024
2.0	PROCARE-SVC-LUCAS-FIELD-REPAIR	3520J944

Purchase Order Form



Account Manager _____
 Cell Phone _____

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

Check box if Billing same as Shipping

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

SHIP TO		CUSTOMER #
Shipping Account Num		
Company Name		
Contact or Department		
Street Address		
Add'l Address Line		
City, ST ZIP		
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.stryker.com/stnc

Authorized Customer Signature

Printed Name _____
 Title _____
 Signature _____
 Date _____

Attachment Stryker Quote Number

*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.