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1 Year Prevent

Quote Number: 11170860
Version: 1
Prepared For: OFFICE OF GENESEE COUNTY SHERIFF
Attn:

Rep: Rebecca McKim
Email:
Phone Number:

GPO: CUSTOMER CONTRACT
Quote Date: 10/24/2025

SMR Service Rep Name: Brent Ball
SMR Service Rep Email: brent.ball@stryker.com

Expiration Date: 12/24/2025
Contract Start: 01/01/2026
Contract End: 12/31/2026

Delivery Address		**Bill To Account**	
Name:	OFFICE OF GENESEE COUNTY SHERIFF	Name:	OFFICE OF GENESEE COUNTY SHERIFF
Account #:	20156481	Account #:	20156481
Address:	1002 S SAGINAW ST	Address:	
	FLINT		
	Michigan 48502-1410		

ProCare Products:

#	Product	Description	Months	Qty	Sell Price	Total
1.0	LIFEPK-FLD-PROCARE	PROCARE-SVC-LIFEPAK-FIELD-REPAIR √ Parts, Labor, Travel √ Preventative Maintenance √ Batteries Service	12	13	$2,016.40	$26,213.20
2.0	LUCAS-FLD-PROCARE	PROCARE-SVC-LUCAS-FIELD-REPAIR √ Parts, Labor, Travel √ Preventative Maintenance √ Batteries Service	12	2	$1,572.63	$3,145.26
3.0	LUCAS-FLD-PROCARE	PROCARE-SVC-LUCAS-FIELD-REPAIR √ Parts, Labor, Travel √ Preventative Maintenance √ Batteries Service	12	1	$1,572.63	$1,572.63
			ProCare Total:			$30,931.09

Price Totals:

Grand Total:	$30,931.09

Authorized Customer Signer (Printed) Date

Stryker Authorized Signature (Printed) Date

This is not an Invoice

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1 Year Prevent

Quote Number:	11170860		
Version:	1		
Prepared For:	OFFICE OF GENESEE COUNTY SHERIFF	Rep:	Rebecca McKim
	Attn:	Email:	
		Phone Number:	
GPO:	CUSTOMER CONTRACT		
Quote Date:	10/24/2025	SMR Service Rep Name:	Brent Ball
		SMR Service Rep Email:	brent.ball@stryker.com
Expiration Date:	12/24/2025		
Contract Start:	01/01/2026		
Contract End:	12/31/2026		

Authorized Customer Signature Date

Stryker Authorized Signature Date

Purchase Order Number

Service Terms and Conditions:
The Terms and Conditions of this quote and any subsequent purchase order of the Customer are governed by the Terms and Conditions located at www.stryker.com/stnc The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are parties to a Master Service Agreement. The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are parties to a written agreement governing the purchase/sale of goods and/or services.

Equipment Service Plan

Line Item #	Model	ProCare Materials	Serial #
1.0	99577-001955	PROCARE-SVC-LIFEPAK-FIELD-REPAIR	48788071
1.0	99577-001955	PROCARE-SVC-LIFEPAK-FIELD-REPAIR	48787581
1.0	99577-001955	PROCARE-SVC-LIFEPAK-FIELD-REPAIR	46973098
1.0	99577-001955	PROCARE-SVC-LIFEPAK-FIELD-REPAIR	46971422
1.0	99577-001955	PROCARE-SVC-LIFEPAK-FIELD-REPAIR	47838864
1.0	99577-001955	PROCARE-SVC-LIFEPAK-FIELD-REPAIR	46973053
1.0	99577-001955	PROCARE-SVC-LIFEPAK-FIELD-REPAIR	47837587
1.0	99577-001955	PROCARE-SVC-LIFEPAK-FIELD-REPAIR	46970889
1.0	99577-001955	PROCARE-SVC-LIFEPAK-FIELD-REPAIR	47836874
1.0	99577-001955	PROCARE-SVC-LIFEPAK-FIELD-REPAIR	47838966
1.0	99577-001955	PROCARE-SVC-LIFEPAK-FIELD-REPAIR	48788029
1.0	99577-001955	PROCARE-SVC-LIFEPAK-FIELD-REPAIR	46972908
1.0	99577-001955	PROCARE-SVC-LIFEPAK-FIELD-REPAIR	47838345
2.0	99576-000063	PROCARE-SVC-LUCAS-FIELD-REPAIR	3520K024
2.0	99576-000063	PROCARE-SVC-LUCAS-FIELD-REPAIR	3520J944
3.0	99576-000024	PROCARE-SVC-LUCAS-FIELD-REPAIR	3016G439

Purchase Order Form

stryker

Account Manager: Becky McKim

Cell Phone: 616-202-8449

Purchase Order Date: _____

Expected Delivery Date: _____

Stryker Quote Number: _____

Check box if Billing same as Shipping ☐

BILL TO	CUSTOMER #
Billing Account Num	205648
Company Name	
Contact or Department	
Street Address	
Addt'l Address Line	
City, ST ZIP	
Phone	

SHIP TO	CUSTOMER #
Shipping Account Num	205648
Company Name	
Contact or Department	
Street Address	
Addt'l Address Line	
City, ST ZIP	
Phone	

Authorized Customer Initials _____

Authorized Customer Initials _____

DESCRIPTION	QTY	TOTAL
REFERENCE QUOTE		

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.