stryker

1 Year Prevent

Quote Number: 11170860

Version:

Prepared For: OFFICE OF GENESEE COUNTY SHERIFF Rep:

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

Rebecca McKim

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
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Authorized Customer Signer (Printed)

Date

Stryker Authorized Signature (Printed)

Date

stryker

1 Year Prevent

11170860

Quote Number:

Version:	1				
Prepared For:	OFFICE OF GENESEE COUNTY SHER	IFF	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				
A. die e	-10-1	D	Charles Avilla da de	C'ana akama	
Authori	Authorized Customer Signature Date		Stryker Authorized Signature		Date
Purchas	se 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		

Pulchase Of the	er romi		Sti ykei.
Account Manager	Becky McKim	Purchase Order Date	
Cell Phone	616-202-8449	Expected Delivery Date	
	· · · · · · · · · · · · · · · · · · ·		*
		Stryker Quote Number	
Check box if I	Billing same as Shipping		
BILL TO	CUSTOMER#	SHIP TO	CUSTOMER#
Billing Account Num	20 5648	Shipping Account Num	20 5648
Company Name		Company Name	
Contact or Departme	ont	Contact or Department	
Street Address		Street Address	
Addt'l Address Line		Addt'l Address Line	
City, ST ZIP		City, ST ZIP	
Phone		Phone	
Phone	1	Priorie	
Authorized Custome	r Initials	Authorized Customer Initials	9 <u></u>
	DESCRIPTION	QIY TOTAL	
REFERENCE C	QUOTE		
Accounts Payab	le Contact Information		
Name			
5 .4	-		
Email			
Phone		Str	yker Terms and Conditions
		.	www.stryker.com/stnc
A., 4 h a wiss of C., 64	aman Cianakuna		
Authorized Cust	omer signature		
Printed Name			
			
Title			
Signature		7	
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.