ProCareServices

Sales Rep Name: ProCare Service Rep:

Scott Pufahl Jeremy Stevens

stryker

3800 E. Centre Ave Portage, MI 49009

PROCARE 1 Billing Acc Nur Shipping Acct 1 Account Name Account Addre City, State Zip PROCARE (m:	SUBMITTED TO						Date:	4/15/202	e for	
Billing Acc Nur Shipping Acct Account Name Account Addre City, State Zip	m:							ID #:	2204150	95308	
Account Name Account Addre City, State Zip	N	1338493						Name:	Tom L	Jurala	
iccount Addre ity, State Zip	Num:	1071432		4 2				Title:	City A	urala 24-4313 uvada Desete	-
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	600	210 E 14TH ST Crete, NE 68333	المدن					Email:	tom, O	uvada Desete.	ne.
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	Model	Model	Serial	ProCare Program	05.	V				Total	
Item No.	Number	Description	Number	FIOCATE FIOgrafii	Qty	ITS				Total	
1	LP15	LifePak 15	46513658	LP15 Prevent Onsite	1	1	12/26/22-3/31/23			\$409.28	
2 3	LP15 LP15	LifePak 15 LifePak 15	39850548 42325559	LP15 Prevent Onsite LP15 Prevent Onsite	1	1				\$1,637.10	
4	LUCAS	LUCAS	3015D774	LUCAS Prevent Onsite	1	1				\$1,637.10 \$1,276.70	
5	LUCAS	LUCAS	3016 158	LUCAS Prevent Onsite	1	1				\$1,276.70	
6	LP1000	LifePak 1000	36066418	LP1000 PM Only Onsite	1	1				\$424.00	
7	LP1000	LifePak 1000	36066430	LP1000 PM Only Onsite	1	1				\$424.00	
8	LP1000 LP1000	LifePak 1000 LifePak 1000	36269565 36066402	LP1000 PM Only Onsite LP1000 PM Only Onsite	1	1				\$424.00 \$424.00	
10	LP 1000	LifePak 1000	36269564	LP1000 PM Only Onsite	1	1				\$424.00	
Check all bat Inspect the in Test linear se	teries and bat ntegrity of acc ensor and reca	essories and recomme alibrate if needed									
	d adjust mech fan, intake and	anical parts, including I bellows	compression mod	aute and claw lock							
Perform func	ctional test on	all mechanical compo	nents and electro	nics						1	
	ded diagnosti t of LUCAS Dis		UCAS Patient Ster	ps, or LUCAS Stabilization Strap,	as doom	ed no	ressary by Stephe	r			
Repairs (part	ts and labor} t	o restore equipment t	o manufacturer sj	pecifications							
				rdance with the Instructions for S Car Cable repair or replacemen				·*			
				ps, or LUCAS Stabilization Strap	11 83 466	mea n	ecessary by stry	(e)			
(Onsite Repa	airs or Depot l	Depending on Agreem	ent) **								
	ent Onsite										
	vare to the mo teries and bat	st current version tery pins									
Inspect the ir	ntegrity of acc	essories and recomme									
	0 2	les and recommend re ccordance with NFPA		ded							
	ded diagnosti			fy the unit functions accurately, f	rom wav	/eforn	n shape and defib	rillation energ	gy to pacing c	urrent and capnography	
		dates and recommen	d renlacement ac	needed							
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1					to 0.7
			FIN	AL TOTAL	\$8,356.88
			Start Date:	4/1/2022	
			End Date:	3/31/2023	
Stryker Signature	Date	Customer Sign	ature		Date
Customer are governed by the T https://techwe	and any subsequent purchase order of the Terms and Conditions located at eb.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.					
"PP')	parties to a binster ser rice rigi contenta		Purc	hase Order Number	
	A physical invoice will be mailed.				
Remit payment to: P.O. B	ox 93308 Chicago, IL 60673-3308				
COMMENTS:					
Please email signed Proposal and Purchase O)rder to procarecoordinators@stryker.com.				
	ion is considered confidential and proprietary and is	s not subject to publi	c disclosure.		
**Quote pricing valid for 30 days.					

tem No.	Model	Serial Number	Program
1	LP15	46513658	LP15 Prevent Onsite
2	LP15	39850548	LP15 Prevent Onsite
3	LP15	42325559	LP15 Prevent Onsite
4	LUCAS	3015D774	LUCAS Prevent Onsite
5	LUCAS	30161158	LUCAS Prevent Onsite
6	LP1000	36066418	LP1000 PM Only Onsite
7	LP1000	36066430	LP1000 PM Only Onsite
8	LP1000	36269565	LP1000 PM Only Onsite
9	LP1000	36066402	LP1000 PM Only Onsite
10	LP1000	36269564	LP1000 PM Only Onsite

Purchase Order Form

Attachment

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Account Manager	Purchase Order Date
Cell Phone	Expected Delivery Date
	Stryker Quote Number 220415095307
Check box if Billing same as Shipping	
BILL TO CUSTOMER #	SHIP TO CUSTOMER #
Company Name	
Contact or Department	Company Name Grete Rescue Squad City of Casta Contact or Department Fire 0
Street Address	Street Address 210 E 14TH ST
Addt'l Address Line	Addt'l Address Line
City, ST ZIP	City, ST ZIP Crete, NE 68333
Phone	Phone -
REFERENCE QUOTE	
Accounts Payable Contact Information Name Email Phone	Stryker Terms and Conditions www.strykeremergencycare.com/terms
Authorized Customer Signature	
Printed Name	
Title	
Signature	
Date	

*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.

Stryker Quote Number

220415095307