# City of San Diego
# PURCHASE ORDER

**PO No.** **4500053017**

| **Ship To:** **Center ID:** ECDE | **Bill To:** | **Date:** 07/03/2014 **Page 1 of 2** |
|---|---|---|
| ECONOMIC DEVELOPMENT<br>1200 THIRD AVE STE 1400<br>SAN DIEGO CA 92101-4110 | ECONOMIC DEVELOPMENT<br>1200 THIRD AVE STE 1400<br>SAN DIEGO CA 92101-4110 | **Billing Contact:**<br>ROSALIA HERNANDEZ<br>**Telephone:** |

**Vendor:**

Family Health Centers Of San Diego
823 Gateway Center Way
San Diego CA 92102-4541

**Vendor ID:** 10014925 **Phone:** (619)515-2300

**Terms:**
within 20 days Due net

**Delivery Terms:**
FOB Destination

**Deliver on or before:** 06/30/2015

**Buyer:** Raymond Vestri

**Telephone:** 619-236-6134

| Line # | Item ID/Description | Quantity/UM | Unit Price | Extended Price |
|---|---|---|---|---|
| 1 | **Dept Open - CDBG FHC**<br>Reimbursement of eligible monthly expenditures to Family Health Centers of San Diego for certain services and activities related to the operation of Safe Point San Diego, a Community Development Block Grant project, thru the period ending June 30, 2015; provided that all reports required under the FY2015 CDBG Agreement (including those required by the Operating Manual and Playing by the Rules Handbook) are received by the City (on such forms as the City may require) within 15 calendar days of the end of each reporting period. Reso R-308834. | 75,265 EA | USD 1.00 | USD 75,265.00 |

**Notes:** The Terms and Conditions of this Purchase Order are available at http://sandiego.gov/purchasing/'

**SEE LAST PAGE FOR TOTAL**

**IMPORTANT!**

To ensure prompt payments, PO # must appear on all shipments and invoices; and, all invoices must be directed to *Billing* Contact person at *Bill-To* address listed above

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| | | |
|---|---|---|
| Line Item Total | $ | 75,265.00 |
| Tax | $ | 0.00 |
| **PO Total** | **$** | **75,265.00** |

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