



# City of San Diego

## PURCHASE ORDER

**PO No.** 4500053274

|   |   |   |
|---|---|---|
| <b>Ship To:</b> Center ID: CHLD<br>POLICE-CHILD ABUSE<br>MS 719<br>1401 BROADWAY<br>SAN DIEGO CA 92101-5710 | <b>Bill To:</b><br>POLICE-FISCAL MANAGEMENT<br>MS 715<br>1401 BROADWAY<br>SAN DIEGO CA 92101-5710 | <b>Date:</b> 07/11/2014 <b>Page 1 of 2</b><br><br><b>Billing Contact:</b><br>Fabiola Allen<br><br><b>Telephone:</b> |
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|--|---|
| <b>Vendor:</b><br>Rady Childrens Hospital C O<br>Attention Monica King<br>3020 Children's Way MC 5073<br>San Diego CA 92123-4223<br><br><b>Vendor ID:</b> 10018895 <b>Phone:</b> | <b>Terms:</b><br>within 30 days Due net<br><br><b>Delivery Terms:</b><br>FREE ON BOARD DEST<br><br><b>Deliver on or before:</b> 04/01/2015<br><br><b>Buyer:</b> Leslie Valdez<br><br><b>Telephone:</b> 619-236-7090 |
|--|---|

| Line # | Item ID/Description   | Quantity/UM | Unit Price | Extended Price |
|--------|---|-------------|------------|----------------|
| 1      | <b>Medical Evaluations</b><br>*For the City of San Diego Police Department, Child Abuse Unit (Dept. Only) As may be required by the City for the period of July 1, 2014 through April 1, 2015.<br><br>Previous PO: 4500046648<br><br>Requestor: Mike Holden (619) 531-2686 MS 744<br>Analyst: Rita Castillo (619) 525-8450 MS 715<br><br>PO number to be on all invoices.<br><br>***To ensure prompt payments please mail invoices within five business days of service.<br>Invoice should be mailed to:<br><br>San Diego Police Department<br>ATTN: Accounts Payable<br>1401 Broadway, MS-715<br>San Diego, CA 92101 | 232,200 EA  | USD 1.00   | USD 232,200.00 |

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| <b>Notes:</b> The Terms and Conditions of this Purchase Order are available at <a href="http://sandiego.gov/purchasing/">http://sandiego.gov/purchasing/</a>   | <h2 style="margin: 0;">SEE LAST PAGE FOR TOTAL</h2> |
| <b>IMPORTANT!</b><br><br>To ensure prompt payments, PO # must appear on all shipments and invoices; and, all invoices must be directed to <i>Billing</i> Contact person at <i>Bill-To</i> address listed above |   |



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| Line # | Item ID/Description | Quantity/UM | Unit Price | Extended Price |
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| Notes: |                     |             |            |                |

|   |   |                   |    |            |     |    |      |                 |           |                   |
|---|---|-------------------|----|------------|-----|----|------|-----------------|-----------|-------------------|
| <b>Notes:</b> The Terms and Conditions of this Purchase Order are available at<br><a href="http://sandiego.gov/purchasing/">http://sandiego.gov/purchasing/</a>   | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Line Item Total</td> <td style="width: 10%;">\$</td> <td style="width: 30%; text-align: right;">232,200.00</td> </tr> <tr> <td>Tax</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>PO Total</b></td> <td><b>\$</b></td> <td style="text-align: right;"><b>232,200.00</b></td> </tr> </table> | Line Item Total   | \$ | 232,200.00 | Tax | \$ | 0.00 | <b>PO Total</b> | <b>\$</b> | <b>232,200.00</b> |
| Line Item Total   | \$  | 232,200.00        |    |            |     |    |      |                 |           |                   |
| Tax   | \$  | 0.00              |    |            |     |    |      |                 |           |                   |
| <b>PO Total</b>   | <b>\$</b>   | <b>232,200.00</b> |    |            |     |    |      |                 |           |                   |
| <p><b>IMPORTANT!</b></p> <p>To ensure prompt payments, PO # must appear on all shipments and invoices; and, all invoices must be directed to <i>Billing</i> Contact person at <i>Bill-To</i> address listed above</p> |   |                   |    |            |     |    |      |                 |           |                   |