

Purchasing Detail for Record #: BL03075

Order #: BL03075

Replacement# OR Req#: 1193

Vendor: G E HEALTHCARE
 4855 W. ELECTRIC AVE / EA-53
 MILWAUKEE, WISCONSIN
 53219
 Ph: 310-283-2836
 Contact: ANDREW STODDARD

TaxID: Not Viewable

Order Date: 7/14/2010

Delivery Date: 1/1/2030

Purchasing Contact: RICK (805-568-2691)

--BILLING-- **Fund:** 0042 **Dept:** 041 **LIAcct:** 7120 **Prog:** 1712 **Org:** **Proj:**

Bill To
 300 N SAN ANTONIO RD
 SANTA BARBARA , CA
 93110

Ship To
 RADIOLOGY SUPERVISOR
 315 CAMINO DEL REMEDIO
 SANTA BARBARA, CA
 93110

Detail Line 1

Description: G E Healthcare - Vendor #18787 - Medical Equipment Maintenance

BLANKET PURCHASE ORDER: This order is for the purchase of only those items, materials, or services specified: CONTRACTOR to provide service maintenance for the following ultrasound machines: System ID: KP8306308 GE UL Voluson P8 (BT14-BT16) (UKVP86); System ID:KP8306311 GE UL Voluson P8 (BT14-BT16) (UKVP86); System ID: KP8306314 G UL Voluson P8 (BT14-BT16) (UKVP86); System ID:LP5125026 GE UL LOGIQ P5 PRO (ULOP5H) as outlined in attached Service Quote B65033A dated November 5, 2020.

COMPENSATION: CONTRACTOR shall invoice the COUNTY monthly and in accordance with Service Quote B65033A dated November 5, 2020..

PRICES: Prices, terms and conditions of all purchases or services made under authority of this order shall be those established by trade custom with the County of Santa Barbara, by agreement between the County Purchasing Manager and your company, or as hereinafter set forth.

PAYMENT: Invoices for payment, showing all prices and applicable discounts, are to be submitted on a monthly basis to the billing address designated on this order, with reference made to this order number. PAYMENT MAY BE DELAYED OR DISALLOWED if Vendor fails to obtain at time of each transaction, from County employee placing order, the signature, printed name, department and account number, and proper billing address.

CONTRACT PERIOD: Contract to begin April 20, 2011. Continuation of this order is approved yearly until cancelled in writing by the County Purchasing Manager.

LIMITATIONS: Total expenditure during any Fiscal Year period (July 1 through June 30) shall not exceed the amount indicated below. Any increase or decrease in this total amount may be authorized only upon written notice from the County Purchasing Manager.

LIMIT: \$12,000.00.

Insurance documents on file with the Purchasing Division.

COMPLIANCE: By entering into this Agreement, CONTRACTOR attests that they have reviewed the Public Health Department's (PHD) Compliance Plan and neither CONTRACTOR, their staff, nor their Subcontractors are excluded or debarred from participation in state or federal contracting and/or billing for eligible Medicare or Medicaid (Medi-Cal in California) services.

CONTRACTOR shall conduct regular and frequent reviews of all their staff and Subcontractors who provide services to PHD under this Agreement, against the Centers for Medicare & Medicaid Services (CMS) Exclusions List and all other applicable lists. CONTRACTOR shall immediately notify COUNTY of any exclusions or debarments, and for the purposes of this Agreement, CONTRACTOR shall cease use of any staff or Subcontractors that become excluded or debarred from federal or state program participation.

CANCELLATION: This order is subject to cancellation by the County Purchasing Manager on a day-to-day basis.

Value: \$12,000.00

Tax: \$0.00

Sub-Total: \$12,000.00

Grand Total: \$12,000.00
