





# Purchase Order

Fiscal Year 2019 Page 1 of 1

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES AND SHIPPING PAPERS.

Purchase Order # **19000622-00**

Delivery must be made within doors of specified destination.

BILL TO

OTERO COUNTY  
ATTN: ACCOUNTS PAYABLE  
1101 NEW YORK AVE  
ALAMOGORDO, NM 88310-6923

VENDOR

ZOLL MEDICAL CORP  
269 MILL ROAD  
CHELMSFORD MA 01824

SHIP TO

OTERO COUNTY  
1101 NEW YORK AVE  
ALAMOGORDO NM 88310

Vendor Phone Number		Vendor Fax Number		Requisition Number		Delivery Reference	
				124337			
Date Ordered	Vendor Number	Date Required	Freight Method/Terms			Department/Location	
05/23/2019	12213					AMR	
Item#	Description/Part No.			Qty	UOM	Unit Price	Extended Price
	EMERGENCY PURCHASE SEE DOCUMENT						
	The Above Purchase Order Number Must Appear On All Correspondence - Packing Sheets And Bills Of Lading						
1	8660-001401-01Z VENT PORTABLE VENTILATOR W/KIT PER QUOTE 308524 V:1			1.0	EACH	\$13,150.000	\$13,150.00
2	703-0731-27 CARRY CASE (WHITE) EAGLE II PER QUTOE			1.0	EACH	\$335.750	\$335.75
3	712-0002-20 REGULAR ADULT SIZE 5 CPAP MASK W/ HARNESS, DISPOSIBLE, SINGLE PATIENT USE/ CASE OF 20			1.0	EACH	\$475.150	\$475.15
4	712-0003-20 LARGE ADULT SIZE 6 CPAP MASK W/ HARNESS, DISPOSIBLE, SINGLE PATIENT USE, CASE OF 20			1.0	EACH	\$475.150	\$475.15
5	820-0132-00 TEST LUNG, PLASTIC/SILICONE			1.0	EACH	\$140.980	\$140.98
<p>Tag: <u>19708762</u></p> <p>SN: _____</p>							

By Bingo Hernandez  
Procurement Agent

VENDOR COPY

Total Ext. Price	14,577.03
<b>PO Total</b>	<b>\$14,577.03</b>



**ZOLL Medical Corporation**

Worldwide HeadQuarters  
269 Mill Rd  
Chelmsford, Massachusetts 01824-4105  
(978) 421-9655 Main  
(800) 348-9011  
(978) 421-0015 Customer Support  
FEDERAL ID#: 04-2711626

**TO: Otero County**  
1101 N New York Ave  
Alamogordo, NM 83310

**Attn: David Wheeler**

Tel: 575-437-3699

**QUOTATION 308524 V:1**

**DATE:** May 21, 2019

**TERMS:** Net 30 Days

**FOB:** Shipping Point

**FREIGHT:** Prepay and Add

ITEM	MODEL NUMBER	DESCRIPTION	QTY.	UNIT PRICE	DISC PRICE	TOTAL PRICE
1	8660-001401-01	<b>ZVent Portable Ventilator.</b>  Kit Consisting of:  1ea - Case, Black, Padded, Vent and Accessories 1ea- Circuit, Vent, Single Limb, WYE, Adult/Pedi 1ea- Circuit, Vent, Single Limb, WYE, Infant 1ea- Assembly Oxygen Hose 6" Long 2ea - Filter, Foam, Inlet, 1.08" dia. X 1/2" Long, Individually Bagged 2ea- Filter, Disk, Fresh Gas/Emergency. Air Intake, Individually Bagged 1ea - Power Cord, 6". 18AWG 3 SPT-2, NEMA 5- 15P, IEC60320-C5 (Check MFR) 1ea- 1 ea -Power Supply, 100-240 VAC, 100W, 24V, 4.2A, IEC 320 & DT7L Plugs	1	\$17,495.00	\$13,150.00	\$13,150.00 *
2	703-0731-27	Carry Case (white), Eagle II	1	\$395.00	\$335.75	\$335.75 *
3	712-0002-20	Regular Adult, Size #5, CPAP Mask with a universal harness, disposable, single patient use, case of 20	1	\$559.00	\$475.15	\$475.15 *
4	712-0003-20	Large Adult, Size #6, CPAP Mask with a universal harness, disposable, single patient use, case of 20	1	\$559.00	\$475.15	\$475.15 *

To the extent that ZOLL and Customer, or Customer's Representative have negotiated and executed overriding terms and conditions ("Overriding T's & C's"), those terms and conditions would apply to quotation. In all other cases, this quote is made subject to ZOLL's Standard Commercial Terms and Conditions ("ZOLL T's & C's") which for capital equipment, accessories and consumables can be found at <http://www.zoll.com/GTC>; and for software products can be found at <http://www.zoll.com/SSPTC> and for hosted software products can be found at <http://www.zoll.com/SSHTC>. Except in the case of overriding T's and C's, any Purchase Order ("PO") issued in response to this quotation will be deemed to incorporate ZOLL T's & C's, and any other terms and conditions presented shall have no force or effect except to the extent agreed in writing by ZOLL.

Ken Shrum  
Territory Manager  
405-659-0838

1. DELIVERY WILL BE MADE 120-150 DAYS AFTER RECEIPT OF ACCEPTED PURCHASE ORDER.
2. PRICES QUOTED ARE VALID FOR 60 DAYS.
3. APPLICABLE TAX, SHIPPING & HANDLING WILL BE ADDED AT THE TIME OF INVOICING.
4. ALL PURCHASE ORDERS ARE SUBJECT TO CREDIT APPROVAL BEFORE ACCEPTABLE BY ZOLL.
5. FORWARD PURCHASE ORDER AND QUOTATION TO ZOLL CUSTOMER SUPPORT AT [esales@zoll.com](mailto:esales@zoll.com) OR FAX TO 978-421-0015.
6. ALL DISCOUNTS OFF LIST PRICE ARE CONTINGENT UPON PAYMENT WITHIN AGREED UPON TERMS.
7. PLACE YOUR ACCESSORY ORDERS ONLINE BY VISITING [www.zollwebstore.com](http://www.zollwebstore.com).

*Angela*



**ZOLL Medical Corporation**

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 Chelmsford, Massachusetts 01824-4105  
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ITEM	MODEL NUMBER	DESCRIPTION	QTY.	UNIT PRICE	DISC PRICE	TOTAL PRICE
5	820-0132-00	Test Lung, plastic/ Silicone	1	\$165.85	\$140.98	\$140.98 *
*Reflects Discount Pricing.						

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**TOTAL \$14,577.03**

Ken Shrum  
 Territory Manager  
 405-659-0838

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269 Mill Road  
Chelmsford, Massachusetts 01824-4105  
978-421-9655 (main)  
978-421-0025 (fax)  
www.zoll.com

May 21, 2019

David Wheeler  
Otero County  
1101 N New York Ave  
Alamogordo, NM 83310

Dear David Wheeler:

We appreciate your selection of ZOLL® products for Otero County. This letter serves as confirmation that ZOLL® Medical Corporation at 269 Mill Road in Chelmsford, Massachusetts, is the sole manufacturer and source of the ZVent Portable Ventilator, Basic Series. ZOLL® or Ken Shrum, Territory Manager, will not sell the ZVent Portable Ventilator Basic Series to Otero County through any vendor or dealer.

**Features:**

- AC Power Supply with Line Cord
- High-Pressure Oxygen Hose
- Adult/Pedi Disposable Wye Circuit
- Infant Disposable Wye Circuit
- Padded Case with Accessory Pouch
- Universal Mask Harness
- Infant, Child, Adult Size CPAP Mask
- Filter, Air Intake
- Filter, Disc Air Intake
- CD, Operators Manual
- CD, Manual, EMV +
- Quick Reference Guide, Laminated

Should you have any questions or require additional information please contact me at 800-348-9011 x 9657.

Sincerely,

Nancy Branco

Contract Specialist