ORDERING DEPT.

PURCHASE ORDER

1

CITY OF FORT PIERCE, FLORIDA

CITY HALL - P.O. BOX 1480
FORT PIERCE, FLORIDA 34954
(772) 467-3000

FOR PROMPT PAYMENT SEND INVOICES TO:
CITY OF FORT PIERCE
ATT: FINANCE DEPARTMENT
P.O. BOX 1480
FORT PIERCE, FL 34954

VENDOR
WUESTHOFF MEDICAL CENTER ROCKL
6800 SPYGLASS CT
MELBOURNE, FL 32940

SHIP TO
CITY OF FORT PIERCE
POLICE DEPT.
920 S. U.S.1
FORT PIERCE, FL 34950

DATE	DELIVERY DATE	VENDOR NUMBER	F.O.B.	TERMS	PURCHASE ORDER #
10/30/13	10/14/13	232503	DEST	NET	140263

QUANTITY	U/M	DESCRIPTION	STOCK NUMBER	UNIT COST	AMOUNT
		********** CHANGE ORDER **********			
5500	EA	BLOOD ALCOHOL/QUALITATIVE DRUG SCREEN EFFECTIVE DATE: 10/1/13 EXPIRATION DATE: 9/30/14 NOT TO EXCEED: $5,500.00		1.0000	5500.00
4000	EA	ADDITIONAL FUNDS FUNDS NECESSARY TO COVER THE REMINDER OF FY2014		1.0000	4000.00
				SUB-TOTAL	9500.00
				TOTAL	9500.00

REMARKS:
SOLE SOURCE
THIS IS THE ONLY KNOWN SOURCE TO MEET OUR NEEDS FOR EVIDENCE SUBMISSIONS OF BLOOD ALCOHOL QUALITATIVE DRUG SCREENINGS AT THE FPPD. THIS COMPANY IS USED FOR ALL POLICE AGENCIES/FBI IN THE 19TH JUDICIAL. THIS IS THE CLOSEST TESTING CENTER TO MEET OUR SPECIFIED NEEDS AND REQUESTS FOR PROCESSING EVIDENCE FOR PERSUAL OF COURT CASES.
SSB D/C AMANDRO
EVIDENCE CASES

TAX NUMBER 85-8012621595C-2

1400000012
GELENCIA CARTER

TERMS & CONDITIONS

PLEASE READ CAREFULLY

1 – THE RIGHT IS RESERVED TO CANCEL THIS ORDER IF NOT FILLED WITHIN THE CONTRACT TIME, IF SPECIFIED.
2 – THE CONDITIONS OF THIS ORDER ARE NOT TO BE MODIFIED BY ANY VERBAL UNDERSTANDING.
3 – ACCEPTANCE OF THIS ORDER INCLUDES ACCEPTANCE OF ALL TERMS, PRICES, DELIVERY INSTRUCTIONS, SPECIFICATIONS AND CONDITIONS STATED.
4 – INVOICES AND PACKAGES MUST BEAR THIS ORDER NUMBER.
5 – THE CITY ASSUMES NO RESPONSIBILITY FOR GOODS DELIVERED WITHOUT THE AUTHORITY OF A PROPERLY EXECUTED PURCHASE ORDER.
5 – PLEASE FORWARD ALL INVOICES TO FINANCE DEPARTMENT.
7 – PURCHASE ORDERS EXCEEDING FIVE HUNDRED DOLLARS MUST BEAR TWO SIGNATURES.

CITY ACCOUNT CODE NUMBER 001-3002-521.31-80

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

ORDERING DEPT.

PURCHASE ORDER

2

CITY OF FORT PIERCE, FLORIDA

CITY HALL - P.O. BOX 1480
FORT PIERCE, FLORIDA 34954
(772) 467-3000

FOR PROMPT PAYMENT SEND INVOICES TO:
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VENDOR
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DATE	DELIVERY DATE	VENDOR NUMBER	F.O.B.	TERMS	PURCHASE ORDER #
10/30/13	10/14/13	232503	DEST	NET	140263

QUANTITY	U/M	DESCRIPTION	STOCK NUMBER	UNIT COST	AMOUNT
		********** CHANGE ORDER **********			
		ADDITIONAL FUNDS REQUESTED ON 3/19/18 BY POLICE DEPT SR. ACCTG CLERK INCREASED BY $4000 (PO CHANGED ON 3/19/18 BY GC)			

TAX NUMBER 85-8012621595C-2

1400000012
GELENCIA CARTER

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CITY ACCOUNT CODE NUMBER: 001-3002-521.31-80

AUTHORIZED SIGNATURE

AUTHORIZED SIGNATURE

Approval No. _____
By: _____

SOLE SOURCE JUSTIFICATION

(Waiver of Competitive Bids)

VENDOR NAME & ADDRESS: Weustoff
~~375 Commerce Parkway Suite 103~~ 6800 Spyglass Ct
Rockledge, FL ~~32955~~ 32940

COMMODITY:(GENERAL DESCRIPTION): Blood alcohol qualitative drug screening

PLEASE CHECK ENTRY BELOW THAT APPLIES TO THE PROPOSED PURCHASE. ATTACH ADDITIONAL DATA OR SUPPORT SOCUMENTATION AS INSTRUCTED BELOW.
SOLE SOURCE JUSTIFICATION

1. _____ PARTS / EQUIPMENT CAN ONLY BE OBTAINED FROM ORIGINAL MANUFACTURER – NOT AVAILABLE THROUGH DISTRIBUTORS.

2. _____ ONLY AREA DISTRIBUTOR OF THE ORIGINAL MANUFACTURER.

3. _____ PROPRIETARY ITEM / SERVICE.

4. _____ PARTS / EQUIPMENT NOT INTERCHANGEABLE WITH SIMILAR PARTS OF ANOTHER MANUFACTURER (COMPATIBILITY).

5. X THIS IS THE ONLY KNOWN ITEM / SOURCE THAT WILL MEET THE SPECIALIZED NEEDS OF THIS DEPARTMENT OR PERFORM THE INTENDED FUNCTION (EXPLAIN BELOW).

6. _____ PARTS/ EQUIPMENT ARE REQUIRED FROM THIS VENDOR TO STANDARDIZATION (EXPLAIN BELOW).

7. _____ OTHER. EXPLANATION IS FURNISHED BELOW.

COMMENTS / EXPLANATION:
This is the only known source to meet our needs for evidence submissions of Blood Alcohol Qualitative Drug Screenings at the Fort Pierce Police Dept. This company is used for all police agencies / FBI in the 19th Judicial. This is the closest testing center to meet our specified needs and requests for processing evidence for persual of court cases.

BASIS OF THE FOREGOING, I RECOMMEND THAT COMPETITIVE PROCUREMENT BE WAIVED AND THAT THE SERVICE OR MATERIAL ON THE ATTACHED REQUISITION BE PURCHASED AS A SOLE SOURCE COMMODITY.

SIGNED: _____

REQUISITIONER

_____ 10/2/13
DEPARTMENT HEAD

_____
PURCHASING DEPARTMENT