

Sales Rep Name: Jordan Costello
ProCare Service Rep: Chris Valencia

3800 E. Centre Ave
Portage, MI 49009

Date: 9/15/2021
ID #:

PROCARE PROPOSAL SUBMITTED TO:

Billing Acc Num: 1188115
Shipping Acct Num: 1188115
Account Name: Williamson County EMS
Account Address: PO Box 873
City, State Zip: Georgetown, TX 78627

Name: Kirk Becker
Title: Support Services
Phone: (512) 430-0991
Email: kbecker@wilco.org

PROCARE COVERAGE

Item No.	Model Number	Model Description	Serial Number	ProCare Program	Qty	Yrs				Total
1	6252	Stair Chair		EMS Prevent NB	1	2				\$472.00
2	6252	Stair Chair		EMS Prevent NB	1	2				\$472.00
3	6252	Stair Chair		EMS Prevent NB	1	2				\$472.00
4	6252	Stair Chair		EMS Prevent NB	1	2				\$472.00
5	6252	Stair Chair		EMS Prevent NB	1	2				\$472.00
6	6252	Stair Chair		EMS Prevent NB	1	2				\$472.00
7	6252	Stair Chair		EMS Prevent NB	1	2				\$472.00
8	6252	Stair Chair		EMS Prevent NB	1	2				\$472.00
9	6252	Stair Chair		EMS Prevent NB	1	2				\$472.00
10	6252	Stair Chair		EMS Prevent NB	1	2				\$472.00
11	6252	Stair Chair		EMS Prevent NB	1	2				\$472.00
12	6252	Stair Chair		EMS Prevent NB	1	2				\$472.00
13	6252	Stair Chair		EMS Prevent NB	1	2				\$472.00
14	6252	Stair Chair		EMS Prevent NB	1	2				\$472.00
15	6252	Stair Chair		EMS Prevent NB	1	2				\$472.00
16	6252	Stair Chair		EMS Prevent NB	1	1				\$236.00
17	6252	Stair Chair		EMS Prevent NB	1	1				\$236.00
18	6252	Stair Chair		EMS Prevent NB	1	1				\$236.00
19	6252	Stair Chair		EMS Prevent NB	1	1				\$236.00
20	6252	Stair Chair		EMS PM Only	1	1				\$107.00
21	6252	Stair Chair		EMS PM Only	1	1				\$107.00
22	6252	Stair Chair		EMS PM Only	1	1				\$107.00
23	6252	Stair Chair		EMS PM Only	1	1				\$107.00
24	6390	Power-LOAD		EMS Prevent	1	2				\$3,462.00
25	6390	Power-LOAD		EMS Prevent	1	2				\$3,462.00
26	6390	Power-LOAD		EMS Prevent	1	2				\$3,462.00
27	6390	Power-LOAD		EMS Prevent	1	2				\$3,462.00
28	6390	Power-LOAD		EMS Prevent	1	2				\$3,462.00
29	6390	Power-LOAD		EMS Prevent	1	2				\$3,462.00
30	6390	Power-LOAD		EMS Prevent	1	2				\$3,462.00
31	6390	Power-LOAD		EMS Prevent	1	2				\$3,462.00
32	6390	Power-LOAD		EMS Prevent	1	2				\$3,462.00
33	6390	Power-LOAD		EMS Prevent	1	2				\$3,462.00
34	6390	Power-LOAD		EMS Prevent	1	2				\$3,462.00
35	6390	Power-LOAD		EMS Prevent	1	2				\$3,462.00
36	6390	Power-LOAD		EMS Prevent	1	2				\$3,462.00
37	6390	Power-LOAD		EMS Prevent	1	2				\$3,462.00
38	6390	Power-LOAD		EMS Prevent	1	2				\$3,462.00
39	6390	Power-LOAD		EMS Prevent	1	2				\$3,462.00
40	6390	Power-LOAD		EMS Prevent	1	2				\$3,462.00
41	6390	Power-LOAD		EMS Prevent	1	2				\$3,462.00
42	6506	Power Cots		EMS Prevent	1	2				\$2,636.00
43	6506	Power Cots		EMS Prevent	1	2				\$2,636.00
44	6506	Power Cots		EMS Prevent	1	2				\$2,636.00
45	6506	Power Cots		EMS Prevent	1	2				\$2,636.00
46	6506	Power Cots		EMS Prevent	1	2				\$2,636.00
47	6506	Power Cots		EMS Prevent	1	2				\$2,636.00
48	6506	Power Cots		EMS Prevent	1	2				\$2,636.00
49	6506	Power Cots		EMS Prevent	1	2				\$2,636.00
50	6506	Power Cots		EMS Prevent	1	2				\$2,636.00
51	6506	Power Cots		EMS Prevent	1	2				\$2,636.00
52	6506	Power Cots		EMS Prevent	1	2				\$2,636.00
53	6506	Power Cots		EMS Prevent	1	2				\$2,636.00
54	6506	Power Cots		EMS Prevent	1	2				\$2,636.00
55	6506	Power Cots		EMS Prevent	1	2				\$2,636.00

56	6506	Power Cots		EMS Prevent	1	2				\$2,636.00
57	6506	Power Cots		EMS Prevent	1	1				\$1,318.00
58	6506	Power Cots		EMS Prevent	1	2				\$2,636.00
59	6506	Power Cots		EMS Prevent	1	2				\$2,636.00
60	6506	Power Cots		EMS Prevent	1	2				\$2,636.00
61	6506	Power Cots		EMS Prevent	1	2				\$2,636.00
62	6506	Power Cots		EMS Prevent	1	2				\$2,636.00
63	6506	Power Cots		EMS PM Only	1	1				\$249.00

PROGRAM INCLUDES:

EMS Prevent NB:

- *Includes parts, labor, travel
- *Includes 1 annual PM inspection
- *Includes unscheduled service and product equipment checklists.
- *Replacement parts do not include mattresses, batteries, and other Disposable or expendable parts.

EMS Prevent:

- *Includes parts, labor, travel
- *Includes 1 annual PM inspection
- *Includes unscheduled service
- *Includes battery replacement
- *Includes product equipment checklists.
- *Replacement parts do not include mattresses, and other Disposable or expendable parts.

EMS PM Only:

- *Includes 1 annual PM only.

Unless otherwise stated on contract, payment is expected upfront.

ProCare Total	\$125,055.00
Discount	15%
FINAL TOTAL	\$106,296.75

Start Date: 4/1/2022

End Date: 3/31/2024

Angela Hall

9/21/21

Stryker Signature

Date

[Signature]

Customer Signature

Sep 28, 2021

Date

The Terms and Conditions of this quote and any subsequent purchase order of the Customer are governed by the Terms and Conditions located at <https://techweb.stryker.com>

The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are parties to a Master Service Agreement.

Purchase Order Number (MUST INCLUDE HARD COPY)

COMMENTS:

Please email signed Proposal and Purchase Order to procarecoordinators@stryker.com.
All information contained within this quotation is considered confidential and proprietary and is not subject to public disclosure.
**Quote pricing valid for 30 days.

BY YEAR BREAKOUT	
2010	100%
2011	100%
2012	100%
2013	100%
2014	100%
2015	100%
2016	100%
2017	100%
2018	100%
2019	100%
2020	100%
2021	100%
2022	100%
2023	100%
2024	100%
2025	100%
2026	100%
2027	100%
2028	100%
2029	100%
2030	100%
2031	100%
2032	100%
2033	100%
2034	100%
2035	100%
2036	100%
2037	100%
2038	100%
2039	100%
2040	100%
2041	100%
2042	100%
2043	100%
2044	100%
2045	100%
2046	100%
2047	100%
2048	100%
2049	100%
2050	100%
2051	100%
2052	100%
2053	100%
2054	100%
2055	100%
2056	100%
2057	100%
2058	100%
2059	100%
2060	100%
2061	100%
2062	100%
2063	100%
2064	100%
2065	100%
2066	100%
2067	100%
2068	100%
2069	100%
2070	100%
2071	100%
2072	100%
2073	100%
2074	100%
2075	100%
2076	100%
2077	100%
2078	100%
2079	100%
2080	100%
2081	100%
2082	100%
2083	100%
2084	100%
2085	100%
2086	100%
2087	100%
2088	100%
2089	100%
2090	100%
2091	100%
2092	100%
2093	100%
2094	100%
2095	100%
2096	100%
2097	100%
2098	100%
2099	100%
2100	100%

[illegible]

SERIAL NUMBER SHEET

Item No.	Model	Serial Number	Program
1	6252		EMS Prevent NB
2	6252		EMS Prevent NB
3	6252		EMS Prevent NB
4	6252		EMS Prevent NB
5	6252		EMS Prevent NB
6	6252		EMS Prevent NB
7	6252		EMS Prevent NB
8	6252		EMS Prevent NB
9	6252		EMS Prevent NB
10	6252		EMS Prevent NB
11	6252		EMS Prevent NB
12	6252		EMS Prevent NB
13	6252		EMS Prevent NB
14	6252		EMS Prevent NB
15	6252		EMS Prevent NB
16	6252		EMS Prevent NB
17	6252		EMS Prevent NB
18	6252		EMS Prevent NB
19	6252		EMS Prevent NB
20	6252		EMS PM Only
21	6252		EMS PM Only
22	6252		EMS PM Only
23	6252		EMS PM Only
24	6390		EMS Prevent
25	6390		EMS Prevent
26	6390		EMS Prevent
27	6390		EMS Prevent
28	6390		EMS Prevent
29	6390		EMS Prevent
30	6390		EMS Prevent
31	6390		EMS Prevent
32	6390		EMS Prevent
33	6390		EMS Prevent
34	6390		EMS Prevent
35	6390		EMS Prevent
36	6390		EMS Prevent
37	6390		EMS Prevent
38	6390		EMS Prevent
39	6390		EMS Prevent
40	6390		EMS Prevent
41	6390		EMS Prevent
42	6506		EMS Prevent
43	6506		EMS Prevent
44	6506		EMS Prevent
45	6506		EMS Prevent
46	6506		EMS Prevent
47	6506		EMS Prevent
48	6506		EMS Prevent
49	6506		EMS Prevent
50	6506		EMS Prevent
51	6506		EMS Prevent
52	6506		EMS Prevent
53	6506		EMS Prevent
54	6506		EMS Prevent
55	6506		EMS Prevent
56	6506		EMS Prevent
57	6506		EMS Prevent
58	6506		EMS Prevent
59	6506		EMS Prevent
60	6506		EMS Prevent
61	6506		EMS Prevent
62	6506		EMS Prevent

63	6506			EMS PM Only
----	------	--	--	-------------

Purchase Order Form



Account Manager _____
Cell Phone _____

Purchase Order Date _____
Expected Delivery Date _____
Stryker Quote Number _____

Check box if Billing same as Shipping ☐

BILL TO	CUSTOMER #
Billing Account Num	
Company Name	
Contact or Department	
Street Address	
Addt'l Address Line	
City, ST ZIP	
Phone	

SHIP TO	CUSTOMER #
Shipping Account Num	
Company Name	Williamson County EMS
Contact or Department	Kirk Becker
Street Address	PO Box 873
Addt'l Address Line	
City, ST ZIP	Georgetown, TX 78627
Phone	(512) 430-0991

Authorized Customer Initials _____

Authorized Customer Initials _____

DESCRIPTION	QTY	TOTAL
REFERENCE QUOTE		

Accounts Payable Contact Information

Name _____
Email _____
Phone _____

Stryker Terms and Conditions
www.strykeremergencycare.com/terms

Authorized Customer Signature

Printed Name _____
Title _____
Signature _____
Date _____

Attachment Stryker Quote Number

*Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services on the Stryker Quote.