

REQUISITION

- VENDOR NOTE:**
1. This form DOES NOT constitute an order.
 2. Please quote unit and extended price.
 3. Indicate availability.
 4. Print or stamp company name, address and phone number on each page.

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REQUISITION 2300493

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|-----------------------|----------------------|-------------------|-----|-------------------------|
| REQUESTED 06/02/23 | REQUIRED 06/28/23 | APPROVAL E M S | EMS | BUYER NATHAN/SUZANNE |
|-----------------------|----------------------|-------------------|-----|-------------------------|

SHIP TO EMS-SX
EMS
714 ESSEX ROAD
FORT WALTON BEACH, FL, 32547
ATTN: DARREL WELBORN

VENDOR

FREIGHT

| LN/ST | COMMODITY | STOCK NO | QUANTITY | UOM | UNIT PRICE | EXTENSION |
|-------|---|----------|----------|-----|------------|-----------|
| | <p>SPECIFICATIONS: -UNDER 10 LBS -PNEUMATIC OPERATION -ADJUSTABLE TIDAL VOLUME -ADJUSTABLE BPM -CHILD AND ADULT SETTINGS -INTERNAL DEMAND VALVE -ANTI-BREATH STACKING -MANOMETER READOUT -ADJUSTABLE PRESSURE RELIEF WITH ALARM -LOW SOURCE GAS PRESSURE ALARM -COLOR-CODED LABELS AND GAUGE FOR INITIAL SETTINGS -MANUAL BREATH BUTTON -LATEX FREE -STORAGE/SHIPPING CONDITIONS: -40 DEG TO 140 DEG FAHRENHEIT -OPERATING CONDITIONS: 0 DEG TO 122 DEG FAHRENHEIT</p> <p>Because this procurement is grant funded, vendors must be registered with SAM.gov and have an active SAM UEI number when quoting on this requisition. Please place your active SAM UEI number on your quote.</p> <p>Quotes must include items in stock and ready for delivery on or before June 28th. Once Okaloosa County issues your Payment Order, it is considered a contract. Failure to deliver, as outlined here, may result suspension or debarment.</p> | | | | | |
| 01 | O TRANSPORT VENTILATORS WITH CPAP | | 2.00 | EA | .0000 | 0.00 |
| | 742222 | 552600 | | | | .00 |

PAGE TOTAL .00