

REQUISITION

- VENDOR** 1. This form DOES NOT constitute an order.
NOTE: 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 2300494

REQUESTED 06/02/23	REQUIRED 06/30/23	APPROVAL E M S	EMS	BUYER NATHAN/SUZANNE
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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
	SPECIFICATIONS 1) Inflated using portable air compressor 2) Lifts patient from ground for transfer to stretcher 3) Lifts up to at least 700 pounds (318 KG) 4) Compressor with 110 charging adapter a. Re-charge only needed after multiple lifts 5) 2 to 5-year warranty (with preference for 5-year) 6) Effective in tight spaces and against walls 7) Lightweight and portable 8) Easy to clean and disinfect 9) Preference For, But Not Required: a. Back rest to sit patient up b. Rechargeable wall mount for compressor 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. 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.					
01	O INFLATABLE LIFT CUSHION WITH COMPRESSOR		13.00	EA	.0000	0.00
	742222	552600				.00

PAGE TOTAL .00