



ORIGINAL

Purchase Order

Fiscal Year 2019

Page 1 of 2

Revisions 000
Buyer: Dianne Davis

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

Purchase Order # **21900898-000**

BILL TO

ACCOUNTING DEPARTMENT
12465 WARWICK BLVD
NEWPORT NEWS, VA 23606-3041

Inside delivery shall be required unless otherwise specified below.
NNPS FIN: 54-1398784

VENDOR

ZOLL MEDICAL CORPORATION
269 MILL RD
CHELMSFORD, MA 01824-4105

SHIP TO

CHILD NUTRITION
700 HOGAN DR
NEWPORT NEWS, VA 23606-1481

Discount Percent	Days to Discount	Days to Net	Vendor Phone Number		Vendor Fax Number	Requisition Number	Delivery Reference
0.000	0	0	978-421-9438			11901056	ATTN: CATHY ALEXANDER
PO Date	Vendor Number	Date Required	Freight Method/Terms		Requesting Department		
12/18/2018	10592	01/15/2019	INSIDE DEL/PP & ALL		HEALTH SERVICES ADMIN		
Item#	Description/Part No.	Qty	UOM	Unit Price	Extended Price		
	PO Requisitioner Name: Julie Herber						
1	PART NUMBER 22500010101011010 ZOLL AEDPLUS, CPR-D PADS, BATTERIES, CARRY CASE, RED CROSS RESPONDER PACK, MEDICAL PRESCRIPTION (SEE ATTACHED QUOTE)	40.0	EACH	\$1,259.10000	\$50,364.00		
2	PART NUMBER 8000-0855 STANDARD AED WALL CABINET INCLUDED WITH AED PURCHASE (SEE ATTACHED QUOTE)	40.0	EACH	\$0.00000	\$0.00		
3	PART NUMBER 8900-0810-01 PEDI PADZ, BUY 20 GET 20 FREE (PLEASE SEE ATTACHED QUOTE)	20.0	EACH	\$95.00000	\$1,900.00		
4	PART NUMBER 8008-0050-01 ZOLL AED TRAINER II PLEASE SEE ATTACHED QUOTE	1.0	EACH	\$350.00000	\$350.00		
5	ESTIMATED SHIPPING COST THIS PURCHASE ORDER INCORPORATES THE	1300.0	LOT	\$1.00000	\$1,300.00		

Standard NNPS Terms and Conditions are incorporated herein by reference and shall be considered as part of this purchase order. All orders shall be FOB-Destination unless otherwise specified above.

By 
Purchasing Agent

VENDOR COPY

Purchase Order Total

CONTINUED



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B I L L T O

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NEWPORT NEWS, VA 23606-3041

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V E N D O R

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CHELMSFORD, MA 01824-4105

S H I P T O

CHILD NUTRITION
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Discount Percent 0.000	Days to Discount 0	Days to Net 0				
Vendor Phone Number 978-421-9438		Vendor Fax Number	Requisition Number 11901056	Delivery Reference ATTN: CATHY ALEXANDER		
PO Date 12/18/2018	Vendor Number 10592	Date Required 01/15/2019	Freight Method/Terms INSIDE DEL/PP & ALL		Requesting Department HEALTH SERVICES ADMIN	
Item#	Description/Part No.	Qty	UOM	Unit Price	Extended Price	
	<p>ATTACHED QUOTE ORDER FORM AND NNPS TERMS AND CONDITIONS. NNPS CONTAC - CATHY ALEXANDER @ 757-881-5030, EXT. 16113. EMAIL PO W/ATTACHMENTS TO: CAROL.WINDLEY@REDCROSS.ORG</p> <p>****NOTE TO VENDOR - NEWPORT NEWS PUBLIC SCHOOLS WILL BE CLOSED BEGINNING 12/20/18 AND REOPEN ON 1/2/19. PLEASE PLAN ACCORDINGLY AND DO NOT SHIP ANY MERCHANDSE DURING THIS TIME PERIOD.****</p>					

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By 
Purchasing Agent

VENDOR COPY

Purchase Order Total
\$53,914.00