## University Medical Center

THE HOSPITAL IS TAX EXEMPT PERMIT NO. EO-2

## **PURCHASE ORDER**

A STATE OF THE PARTY OF THE PAR	PURCHASE ORDER NUMBER							
				PAGE		OF	-	PAGE(S)

DATE		VENDOR NO.	F.O	.B.	REQ. #	SHIP BY DATE	TERMS		
REQUISITIONED BY				DEPARTMENT			TELEPHONE & EXTENSION		
ITEM	CHARGE	QUANITY	UNIT		DESCRIP	TION		UNIT	TOTAL
11514	CODE	QUARTIT	01411		DEOON			COST	101712
						. • •			
							*		
						•			
	•								
			'						
Annual recommendation									
-									
						•			,
	\$ V			THIS IS	A CONFIRMATIO	N D YES	□ NO	P.O. TOTAL	

- 1. INVOICE TO: ACCOUNTS PAYABLE DEPARTMENT
- 2. SHIP TO: RECEIVING DEPARTMENT LOADING DOCK "A"
- 3. DISCOUNT PERIOD: WILL BE CALCULATED FROM THE DATE AN ACCEPTABLE INVOICE IS RECEIVED OR RECEIPT OF MATERIALS OR SERVICES, WHICHEVER IS LATER.
- 4. PLEASE NOTIFY US AT ONCE IF THERE IS ANY PORTION OF THE ORDER YOU CANNOT FILL.
- 5. ALL MATERIALS SUPPLIED ON THIS ORDER TO BE IN FULL COMPLIANCE WITH OCCUPATIONAL SAFETY HEALTH ACT STANDARDS.
- 6. THIS ORDER IS PLACED BY BUYER SUBJECT TO THE TERMS AND CONDITIONS APPEARING HEREON AND ON THE REVERSE SIDE HEREOF AND BY ACCEPTING THIS ORDER SELLER AGREES TO BE BOUND THEREBY. NO ADDITIONS OR MOD-IFICATIONS WILL BE BINDING UPON BUYER UNLESS EXPRESSLY AGREED TO IN WRITING.

Contractor certifies that its employees comply with all federal and state laws including without limitation, Medicare and Medicaid. Contractor agrees to immediately report to Hospital if:

- Contractor or its employees or agents violate any federal or state healthcare law, regulation of policy;
- Contractor becomes aware of any inquiry or investigation by the government of Contractor, employees or agents; or
- Contractor or its employees or agents are excluded from, or otherwise sanctioned by any federal or state healthcare plan.

**AUTHORIZED AGENT**