

MIAMI-DADE COUNTY
BLANKET PURCHASE ORDER

BPO ID: ABCW0901450

PRINT DATE: 09/17/2009

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** ORIGINAL **

VENDOR ID: 311739487
BOUND TREE MEDICAL LLC

PRIME VENDOR SET ASIDE :
SUBVENDOR GOAL : 00%

5200 RINGS RD SUITE A

PRIME VENDOR COMMITMENT: 00%

DUBLIN

OH 43017

SHIP TO:
AS SPECIFIED ON INDIVIDUAL ORDERS

PLEASE REFER ALL QUESTIONS
CONCERNING THIS ORDER TO:
CAMPBELL, ROMA
(305) 375-3233

ITB ID	EXPR DATE	DISCOUNT TERMS	CONTRACT AMOUNT
	12/31/2010	NET30	24,910.00

BID NUMBER
IB8139-3/11-2

ITEM COMMODITY ID U/M UNIT COST

001 475-84

TRAUMA PACKS AND KITS

----- END OF ITEM LIST -----

AUTHORIZED DEPTS/USERS

AUTHORIZED DEPT:	FR*****	ALLOCATION:	
CALLER ID	CALLERS NAME	DOLLAR LIMIT	PHONE NUMBER

***** \$24,910.00 () -

TERMS:

COSTS OF MANDATORY RANDOM AUDIT BY THE INSPECTOR GENERAL ARE
INCORPORATED INTO THIS CONTRACT AS 1/4 OF 1% OF THE CONTRACT
PRICE.

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THIS CONTRACT IS SUBJECT TO A USER ACCESS FEE UNDER THE COUNTY USER ACCESS PROGRAM (UAP) IN THE AMOUNT OF TWO PERCENT (2%). THE VENDOR PROVIDING GOODS AND SERVICES UNDER THIS CONTRACT SHALL INVOICE THE CONTRACT PRICE AND SHALL ACCEPT AS PAYMENT THEREOF THE CONTRACT PRICE LESS THE 2% UAP AS FULL AND COMPLETE PAYMENT FOR THE GOODS AND/OR SERVICES SPECIFIED ON THE INVOICE. THE COUNTY SHALL RETAIN THE 2% UAP FOR USE BY THE COUNTY TO HELP DEFRAY THE COST OF THE PROCUREMENT PROGRAM. VENDOR PARTICIPATION IN THIS INVOICE REDUCTION PORTION OF THE UAP IS MANDATORY.

THIS IS A BLANKET PURCHASE ORDER COVERING PERIOD FROM JANUARY 1, 2010 TO 12/31/2010 DELIVERIES AGAINST THIS PURCHASE ORDER SHALL BE MADE IN QUANTITIES AND TIMES AS REQUESTED BY THE DEPARTMENT DURING SAID PERIOD. INVOICING SHALL BE ON A PER ORDER (DELIVERY) BASIS OR ON A MONTHLY INVOICE BASIS. ALL ITEMS IN ACCORDANCE WITH BID PROVISIONS AND SPECIFICATIONS AND THE VENDOR'S QUOTE OR BID. ESTIMATED QUANTITIES AND/OR DOLLARS ARE FOR RECORD PURPOSES ONLY. NO GUARANTEE IS EXPRESSED OR IMPLIED AS TO QUANTITIES AND/OR DOLLARS THAT WILL ACTUALLY BE PURCHASED. THE VENDOR ACCEPTS ALL RISKS ASSOCIATED WITH USING THIS INFORMATION.

** ORIGINAL **

AUTHORIZED SIGNATURE: _____

DATE: _____

***** LAST PAGE *****