

Approve purchase of supplies

**VILLAGE OF WATERLOO  
RESOLUTION NO. 09-14-21-11**

**WHEREAS**, Travis Harlow, Fire Chief, has approached the Board of Trustees with a need to purchase supplies for the Fire Department from Philips; and

**WHEREAS**, the Board of Trustees is in agreement with Harlow that the items on the attached quote are needed:

**NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE VILLAGE OF WATERLOO, NEBRASKA, AS FOLLOWS:**

**THAT**, the attached quote is hereby approved in the amount of \$2,464.

**PASSED THIS** 14 **DAY OF** September, 2021.

ATTEST:

Village of Waterloo

Melissa Smith

Melissa Smith  
Village Clerk



Bill Rotert

Bill Rotert  
Vice-Chairperson



## Formal Quotation

Document number: 2301203643

Date of issue: 09/09/2021

**Sold to (94550176):**

Waterloo Fire & Rescue  
405 7th St  
WATERLOO NE 68069-2245  
UNITED STATES

Last updated: 09/09/2021 17:32:43

Expiration date: 11/08/2021

Our federal tax ID #: 133429115

**Our contact details**

Account Manager: Mike Cormier

Incoterms: FOB DESTINATION

Payment terms: Within 30 Days Due Net

Item	Product and Description	Quantity	UoM	Price/Unit	Amount
					Currency: USD
10	989706001071 Tempus Pro SmartMount <b>Old material number:</b> 1-2244 <b>Commodity code (HS/HTS):</b> 9018199560	2	PCE	List Price Dollar Commit Disc. (23%) Net amount	3,200.00 -736.00 2,464.00
Total net amount					2,464.00

Philips Healthcare is pleased to inform you that financing of its products and services is available to qualified applicants. To obtain more information contact Philips Medical Capital @ 866-513-4PMC.

\*

The discount quoted herein is/are a combination of the Purchase Agreement Discount and a Special Negotiated Discount.

\*

All work is scheduled within normal working hours; Monday through Friday, 8 a.m. to 5 p.m. excluding Philips holidays.

All pricing is based on travel zones 1-3. For travel zones beyond 1-3, consult your Philips sales rep for alternate pricing.

It is the customers responsibility to provide Philips with the access necessary to complete the quoted work in a continuous start to finish manner.

Excessive delays and multiple visits will result in additional charges.

All prices are based upon 'adequate access' to work areas that are free from obstruction.

If it is determined, during the implementation that asbestos removal is required; Philips will suspend performance until the Customer remediates the asbestos.

Philips will work with the customers staff to reduce the downtime during the system transition.

Via ACH/EFT:  
Payee: Philips Healthcare  
Bank: Bank of America  
Account#: 3750202223  
ABA#: 1110-0001-2

Via Check:  
Philips Healthcare  
P.O. Box 100355  
Atlanta, GA 30384-0355





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\*

Products are for USA end-use only. Taxes, if applicable, are not included unless noted but will be added to the invoice. The Purchase Order must reference the Quote Number and your Purchase Agreement. Please indicate your requested delivery date and your preference, if any, to accept and pay for partial shipments. If this quote includes Value-Added Services, they may be invoiced separately. Additional sold training must be completed within twelve months of delivery/installation. System cabling, if included, is specified at the standard grade unless noted otherwise.

\*

This quote specifically excludes Licensing & Permit Fees, Prevailing Wage Compensation and Union Labor.

\*

IMPORTANT NOTICE: Health care providers are reminded that if the transactions herein include or involve a loan or a discount (including a rebate or other price reduction), they must fully and accurately report such loan or discount on cost reports or other applicable reports or claims for payment submitted under any federal or state health care program, including but not limited to Medicare and Medicaid, such as may be required by state or federal law, including but not limited to 42 CFR 1001.952(h).

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If you do not issue formal purchase orders indicate by initialing here \_\_\_\_\_.

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Tax Status: Taxable \_\_\_\_\_ Tax Exempt \_\_\_\_\_

\*

If Exempt, please indicate the Exemption Certification Number: \_\_\_\_\_, and attach a copy of the certificate.

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Delivery/Installation Address:

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Invoice Address:

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\_\_\_\_\_  
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Invoice Confirmation Accounts payable

\*

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\*  
Contact Phone#:  
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Order Confirmation Email or FAX#  
  
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Purchaser approval as quoted:  
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\_\_\_\_\_

\*  
Title:  
\*  
\_\_\_\_\_

PO Number:  
\*  
\_\_\_\_\_

\*  
\*If no PO is issued, the formal  
quote number will be used as the PO number.  
\*  
\*

Date:  
  
\_\_\_\_\_  
\*  
\*\*\*

If you are paying by Credit Card please complete the following information:

credit card type: visa/mastercard/american express (circle one)

card#:

exp date:

\*\*\*

\*  
This quotation is signed and accepted by an authorized representative in acknowledgement of the system configuration, terms and conditions stated herein.

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\*

nder the American Reinvestment and Recovery Act ("ARRA"), it is the customer's responsibility to inform Philips if the contract contains any ARRA funding. Please check the following box if any part of this contract is funded through ARRA:

\*

This contract is funded in whole or in part through ARRA."

This quotation is issued pursuant to, and any PO for the items herein will be accepted subject to the Terms of any current Contract with the customer. If there is no contract in place, this quotation is issued pursuant to, and any PO for the items herein will be accepted subjected to Philips Terms and Conditions of sale posted at <http://www.usa.philips.com/healthcare/about/terms-conditions> and the terms herein.

This quotation contains confidential and proprietary information of Philips Healthcare and is intended for use only by the customer whose name appears on this quotation. It may not be disclosed to third parties without prior written consent of Philips Healthcare.

Save time and effort on your next order.  
Try online ordering!

The Philips Healthcare Store has many of the consumables and supplies you order as a healthcare professional. Check out the store today; it's easy to register!  
<http://www.patientcare.shop.philips.com/>

**Please send purchase orders via email, fax or mail to:**

Email: [Healthcare.Orders@philips.com](mailto:Healthcare.Orders@philips.com)  
Fax: 1-800-947-3299

Philips Healthcare  
A division of Philips North America LLC  
414 Union St, 2nd Floor  
Nashville, TN 37219

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