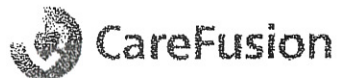


CAPITAL PURCHASE REQUISITION

Date: 5/28/19		Company:		Cost Center: 46801	
Deliver To: (if different from above)				Required Date: 7/1/19 (mm/dd/yr)	
Infor Activity (if available)		Project Name		P.O. #	P.O. Date
AUTHORIZED SIGNATURE AND APPROVALS					
Requisitioner Sign/Date	Dept. Manager	Sign/Date	Director/Admin	Sign/Date	Capital Approval Sign/Date
			Jen Filippone	5/31/19	
Vendor Vyair-Carefusion			Street 22745 Savi Ranch Parkway		
City Yorba Linda			State CA		Zip 92887
LINE	QUAN.	UNIT	DESCRIPTION		UNIT PRICE
			Part # or Quote # (1st line is asset description. Format Noun, Description) (2nd line is optional additional information)		Tagged Asset?
			See attached quote 2019-71798		
			VMAX Encore 22/V62J Autobx Vmax whole body plethysmograph and required accessories		
			See 5,000 Trade In applied		
		32.78% Discount	List Price 70,519.40		
			Total 47,406.54		
			Less 5K Trade In		
TOTAL COST OF PURCHASE REQUISITION:					42406.54
Approved Capital Budget Item <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Substitution Estimated Life (in years) _____ FY Approved _____					
CAP. Budget # Under \$50,000 bucket Equipment to be replaced Nspire EAGLE Pulmonary Function System Asset # 4923					
Age of Equipment more than 10 years Additional supplies needed to operate equipment _____					
Justification for request (include consequences if not approved): Existing system is due for PM - no service can be provided, Nspire filed for bankruptcy; outpatient testing service at risk of failure.					
TO BE COMPLETED BY: FACILITIES (Engineering)			TO BE COMPLETED BY: PURCHASING		
Installation Cost _____		REQUIREMENTS		Budgeted Allowance _____	
Labor Cost _____		<input type="checkbox"/> Schematic		Savings _____	
Materials Cost _____		<input type="checkbox"/> 2 Operating Manuals		Contract <input type="checkbox"/> Yes <input type="checkbox"/> No Contract # _____	
Total Above Cost _____		<input type="checkbox"/> 2 Service Manuals		Service Contract <input type="checkbox"/> Yes <input type="checkbox"/> No Service Contract # _____	
Installation & Testing Time _____		<input type="checkbox"/> Parts Listing		Approval _____ Signature/Date _____	
Removal Cost Replaced Item _____		<input type="checkbox"/> Safety Check		<input type="checkbox"/> Facilities _____	



Trade-in Information

Customer:

Quotation Number: 2019-71798

The trade-in total on the quotation page is based on trading in the following products and quantities of product. Unless otherwise agreed in writing, this trade-in commitment is valid only when executed with the full proposal outlined above. Trade-in units will be picked-up when installation of the proposed equipment is complete or mutually agreeable time.

Manufacturer	Quantity	Amount per unit	Extended traded-in amount
CareFusion	1	\$5,000.00	\$5,000.00