# University Medical Center

**PURCHASE ORDER**

<table>
<thead>
<tr>
<th>PURCHASE ORDER NUMBER</th>
<th>PAGE OF PAGE(S)</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

**THIS PURCHASE ORDER NUMBER MUST APPEAR ON ALL PAPERS AND PACKAGES RELATIVE TO THIS ORDER.**

<table>
<thead>
<tr>
<th>DATE</th>
<th>VENDOR NO.</th>
<th>F.O.B.</th>
<th>REQ. #</th>
<th>SHIP BY DATE</th>
<th>TERMS</th>
<th>REQUISITIONED BY</th>
<th>DEPARTMENT</th>
<th>TELEPHONE &amp; EXTENSION</th>
</tr>
</thead>
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<thead>
<tr>
<th>ITEM</th>
<th>CHARGE CODE</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>DESCRIPTION</th>
<th>UNIT COST</th>
<th>TOTAL</th>
</tr>
</thead>
</table>

**CONDITIONS AND INSTRUCTIONS**

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, WHICHERSOEVER 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 MODIFICATIONS 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:

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

AUTHORIZED AGENT

AN EQUAL OPPORTUNITY EMPLOYER

VENDOR COPY