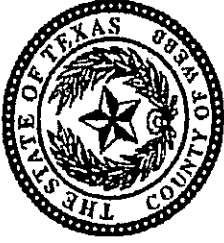


**Purchase Requisition  
County of Webb**



Department: Medical Examiner  
 Requisitioned By: Dr. Corinne E. Stern  
 Phone No.: 722-7054

Req. Number: 01/26/2015  
 Req. Date: Medical Examiner  
 Deliver To:

Central Outlay  
 Attach Minutes  
 Approval Date: 1/11/15

**E-Mail Standard  
Purchase Requisition**

**E-Mail Capital Outlay Requisition**

**Official's Affidavit**  
 I hereby certify that there is an available balance in my approved budget for the current year sufficient to pay for the item(s) requested and that the items are absolutely necessary for the discharge of my official duties.  
 Submitting this form from Appropriate Official's E-Mail Constitutes Signature  
 [Signature]

ACCOUNT NUMBER	COMMODITY CODE	ITEM DESCRIPTION	QUANTITY	PRICE PER UNIT	DATE NEEDED BY	PURPOSE	AMOUNT
603-0101-8801		SR50-B Ramp	1	\$545.00	01/26/2015	For Webb County Medical Examiner	\$545.00
		Vehicle					
603-0101-8801		Freight	1	\$75.00	1/26/2015	To ship ramp	\$75.00
<b>TOTAL AMOUNT</b>							<b>\$620.00</b>



SOUTHLAND  
MEDICAL  
CORPORATION  
PO BOX 6148  
Orange, CA 92863  
800-959-9160  
FAX 714-456-9094  
www.southlandmed.com

*Spoke to  
Amy  
5-1-15  
quote price  
is still the  
same.*

**QUOTE**

TL002337



Customer #: Webb Cly  
Creation Date: 01/26/2015  
Invoice Date:  
Terms: Net 30  
PO:  
Promised Date:

**BILL TO**

Webb County Morgue  
Purchasing Inv. Vendor: 14979  
7210 B East Saunders  
Laredo, TX 78041

**SHIP TO**

Webb County Purchasing Dept  
Corrine Stern DO  
7210 B East Saunders  
Ref: 15-0001922  
Laredo, TX 78041

BILL TO: (956)-722-7054 | purchasinginvoles@webbcountytx.gov

SHIP TO: (956)-722-7054 | Lguerra@webbcountytx.gov

#	SKU	QTY	UNIT	RETAIL	PRICE	EXT TAX
1	RFQ Request for Quote	1		0.00	0.00	0.00 N
2	SR50-B Ramp - Vehicle Deck System, 03 Freight Estimate: \$75	1		545.00	545.00	545.00 N

NUMBER OF ITEMS: 2.00

SUBTOTAL: 545.00

SALESPERSON: JW

julie@southlandmed.com

Freight

75.00

0.00

0.00

620.00

Please remit to: PO BOX 6148, Orange, CA 92863

SIGNATURE \_\_\_\_\_



Total Cost of item(s) being purchased: \$ 545.00 \_\_\_\_\_

Do you have 3 quotes for all items listed above? Yes \_\_\_\_\_ No X Items are under

What is the purpose of each item(s) requested? \_\_\_\_\_  
\_\_\_\_ For Webb County Medical Examiner Vehicle  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the purchase is to replace item(s) is the item(s) being replaced currently in use?

Yes \_\_\_\_\_ No X \_\_\_\_\_

What is the impact or risk potential if we don't purchase item(s)? \_\_\_\_\_  
\_\_\_\_ Will not be able to roll up stretcher with decedent  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Circle Priority: Critical Upgrade Desirable

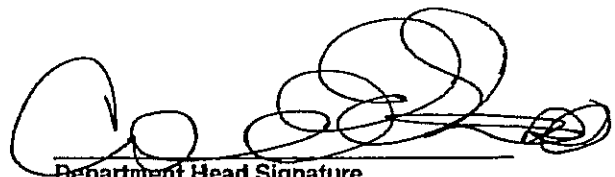
**PRIORITY 1: CRITICAL** – Required to prevent a **critical** reduction in service, operating efficiency, economy, and/or safety; to protect valuable property; and/or comply with insurance or code requirements.

**PRIORITY 2: UPGRADE** – Required for significant **upgrade** in service, operating efficiency, economy and/or safety of current operations.

**PRIORITY 3: DESIRABLE** – Required to introduce **desirable**, but optional new service, program, faculty or staff, or to make small improvements in operating efficiency, economy and/or safety.

**Required with this form:**

- Price quotes
- Pictures of item(s) to be replaced
- 5 copies

  
\_\_\_\_\_  
Department Head Signature  
Date: 1-26-15

\*\*\*\* Please note this form must be filled out in its entirety for purchase to be considered for approval \*\*\*\*