



**Contract Number**

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**SAP Number**

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## Arrowhead Regional Medical Center

<b>Department Contract Representative</b>	William L. Gilbert
<b>Telephone Number</b>	(909) 580-6150
<b>Contractor</b>	Baxter Healthcare Corporation
<b>Contractor Representative</b>	Jeanelle Jimenez
<b>Telephone Number</b>	909-368-6239
<b>Contract Term</b>	One-time purchase
<b>Original Contract Amount</b>	\$47,000.00
<b>Amendment Amount</b>	\$
<b>Total Contract Amount</b>	\$47,000.00
<b>Cost Center</b>	

**Briefly describe the general nature of the contract:** Approve Equipment Purchase Agreement with Baxter Healthcare Corporation for Purchase of the Prismax System in the total amount of \$47,000.00.

**FOR COUNTY USE ONLY**

Approved as to Legal Form  ▶ Charles Phan, Deputy County Counsel  Date _____	Reviewed for Contract Compliance  ▶   Date _____	Reviewed/Approved by Department  ▶ William L. Gilbert, Director  Date _____
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