



**City of Waukesha**  
201 Delafield Street  
Waukesha, WI 53188  
Tel: 262.542.3700  
waukesha-wi.gov

## City of Waukesha Cover Sheet

<b>Committee:</b>	<b>Meeting Date:</b>
<b>ID Number:</b> ID#25-02053	<b>Ordinance/Resolution Number (if applicable):</b>
<b>Department Submitting:</b>	<b>Submission Date:</b>
<b>Agenda Item Title:</b>	

<b>Issue Before the Council:</b>
<b>Options &amp; Alternatives:</b>
<b>Additional Details:</b>



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**What is the Strategic Plan Priority this item relates to:**

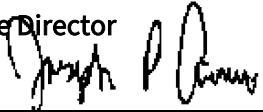

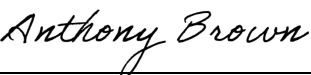
**What impact will this item have on the Strategic Plan Priority?**

**Financial Remarks:**

**Executive Recommendation:**

**Suggested Motion:**

**Reviewed By:**

Finance Director 	Date Reviewed 08/21/2025
City Attorney 	Date Reviewed
City Administrator 	Date Reviewed 08/19/2025



## 4 Year Prevent

Quote Number: 11152321

Version: 1

Prepared For: WAUKESHA CITY FIRE DEPT

Attn:

Rep: Alex Yde

Email:

Phone Number:

GPO: EMS

Quote Date: 07/23/2025

SMR Service Rep Name: ConnorBarfknecht

SMR Service Rep Email: connor.barfknecht@stryker.com

Expiration Date: 08/17/2025

Contract Start: 08/20/2025

Contract End: 08/19/2029

### Delivery Address

Name: WAUKESHA CITY FIRE DEPT

Account #: 20188963

Address: 130 W ST PAUL AVE

WAUKESHA

Wisconsin 53188-5104

### Bill To Account

Name: WAUKESHA CITY FIRE DEPT

Account #: 20188963

Address: 130 W ST PAUL AVE

WAUKESHA

Wisconsin 53188-5104

### ProCare Products:

#	Product	Description	Months	Qty	List Price	Discount %	Sell Price	Total
1.0	LIFEPK35-FLD-PRO	ProCare-SVC-LP35-FIELD-REPAIR ✓ Parts, Labor, Travel ✓ Preventative Maintenance ✓ Batteries Service	48	10	\$2,398.00	12.0%	\$8,440.96	\$84,409.60

ProCare Annual Payment: \$21,102.40

### Price Totals:

Grand Total: \$84,409.60

Authorized Customer Signer (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Stryker Authorized Signature (Printed) \_\_\_\_\_ Date \_\_\_\_\_



4 Year Prevent

Quote Number:	11152321		
Version:	1		
Prepared For:	WAUKESHA CITY FIRE DEPT	Rep:	Alex Yde
Attn:		Email:	
		Phone Number:	
GPO:	EMS		
Quote Date:	07/23/2025	SMR Service Rep Name:	ConnorBarfknecht
		SMR Service Rep Email:	connor.barfknecht@stryker.com
Expiration Date:	08/17/2025		
Contract Start:	08/20/2025		
Contract End:	08/19/2029		

_____	_____	_____	_____
Authorized Customer Signature	Date	Stryker Authorized Signature	Date

\_\_\_\_\_

Purchase Order Number

**Service Terms and Conditions:**  
The Terms and Conditions of this quote and any subsequent purchase order of the Customer are governed by the Terms and Conditions located at [www.stryker.com/stnc](http://www.stryker.com/stnc). The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are parties to a Master Service Agreement. The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are parties to a written agreement governing the purchase/sale of goods and/or services.

Payment Schedule

Starting Balance: \$84,409.60

Date	Payment	Balance
08/20/2025	\$21,102.40	\$63,307.20
08/20/2026	\$21,102.40	\$42,204.80
08/20/2027	\$21,102.40	\$21,102.40
08/20/2028	\$21,102.40	\$ -

## Equipment Service Plan

Line Item #	Model	ProCare Materials	Serial #
1.0	99335-000 031	ProCare-SVC-LP35-FIELD-REPAIR	51168259
1.0	99335-000 031	ProCare-SVC-LP35-FIELD-REPAIR	51169639
1.0	99335-000 031	ProCare-SVC-LP35-FIELD-REPAIR	51164768
1.0	99335-000 031	ProCare-SVC-LP35-FIELD-REPAIR	51194263
1.0	99335-000 031	ProCare-SVC-LP35-FIELD-REPAIR	51194574
1.0	99335-000 031	ProCare-SVC-LP35-FIELD-REPAIR	51194696
1.0	99335-000 031	ProCare-SVC-LP35-FIELD-REPAIR	51194732
1.0	99335-000 031	ProCare-SVC-LP35-FIELD-REPAIR	51194779
1.0	99335-000 031	ProCare-SVC-LP35-FIELD-REPAIR	51194928
1.0	99335-000 031	ProCare-SVC-LP35-FIELD-REPAIR	51196817

## Purchase Order Form



Account Manager \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Purchase Order Date \_\_\_\_\_  
Expected Delivery Date \_\_\_\_\_  
Stryker Quote Number \_\_\_\_\_

Check box if Billing same as Shipping ☐

BILL TO		CUSTOMER #
Billing Account Num		
Company Name		
Contact or Department		
Street Address		
Add'l Address Line		
City, ST ZIP		
Phone		

SHIP TO		CUSTOMER #
Shipping Account Num		
Company Name		
Contact or Department		
Street Address		
Add'l Address Line		
City, ST ZIP		
Phone		

Authorized Customer Initials \_\_\_\_\_

Authorized Customer Initials \_\_\_\_\_

DESCRIPTION	QTY	TOTAL
REFERENCE QUOTE <input type="text"/>	<input type="text"/>	<input type="text"/>

### Accounts Payable Contact Information

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

Stryker Terms and Conditions  
[www.stryker.com/sinc](http://www.stryker.com/sinc)

### Authorized Customer Signature

Printed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Attachment \_\_\_\_\_ Stryker Quote Number

\*Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services on the Stryker Quote.

