

STUDENT TECHNOLOGY FEE REQUEST FORM

Procedure for Submission:

Form Updated: 9/05/17

1. Submitter must obtain required information from vendor(s). An official quote from the vendor must be attached. No website screen shots
2. This request must be reviewed, approved, and submitted by the requesting program's School Chair.
3. The School Chair may email this request to the Tech Fee Director. *Since some schools will have multiple requests, please rename request PDF files in the following format: Schoolname# (rank, 1 being the highest priority) example - SocialJustice1, SocialJustice2, etc. Please submit as one PDF file*

Dept. making request:		Requesting Faculty:		Date Submitted:	
IMPORTANT: Attach an official quote from the vendor.					

List one item OR group (for use as a "package") per page.

Item Name	Vendor info. (name, address, Web site URL, phone #, email, etc.)	Part or Model #	Cost (each)	Qty	Total
Course(s) where item(s) will be used		Expected life of product (years)		# Students Impacted per Year	
Location equipment or software will be used/stored		Will Tech Fee needed for annual renewal or maintenance? What is the annual cost?			
Provide a brief description of the technology requested*:					
Briefly describe how the technology will be used (function)*:					
Provide a rationale that Tech Fee funds are appropriate for this request*:					

***Keep in mind that the committee members come from a variety of educational backgrounds and may not be familiar with department specific language. Please use concise, common terminology so that committee members reviewing this form will be able to fully understand the request.**

- If you are submitting a request for computers, printers, scanners or software, you must consult with College Computing and the technology staff, to acquire a quote and to make sure that this equipment/software is supported by UT and compatible with existing technology.



GE Healthcare

Date: 10-09-2018
Quote #: PR12-C125545
Version #: 2
Q-Exp-Date: 12-26-2018

Issued By:
GE Medical Systems Ultrasound &
Primary Care Diagnostics, LLC
FEIN: 92-0192942

Customer Address:
University of Toledo Medical Center
3000 Arlington Ave
Toledo OH 43614-2595

Attention:
Neal Glaviano
OH 43551

The terms of the Master Purchasing Agreement, Strategic Alliance Agreement or GPO Agreement referenced below as the Governing Agreement shall govern this Quotation. No additional or different terms shall apply unless agreed to in writing by authorized representatives of both parties.

Governing Agreement: Novation - Vizient Supply LLC
Customer Number: 1-25Q560
Terms of Delivery: FOB Destination
Billing Terms: 80% delivery / 20% Installation
Payment Terms: Net Due in 45 Days
Total Quote Net Selling Price: \$23,607.00
Sales And Use Tax Status: Exemption Certificate on File

** The following ship to states do not impose a sales/use tax (AK, DE, MT, NH, OR). No exemption certificate required.

INDICATE FORM OF PAYMENT:
If "GE HEF Loan" or "GE HEF Lease" is NOT selected at the time of signature, then you may NOT elect to seek financing with GE Healthcare Equipment Finance (GE HEF) to fund this arrangement after shipment.
 Cash/Third Party Loan/Check GE HEF Loan
 GE HEF Lease Third Party Lease(please identify financing company) _____

By signing below, each party certifies that it has not made any handwritten modifications. Manual changes or mark-ups on this Agreement (except signatures in the signature blocks and an indication in the form of payment section below) will be void.

Each party has caused this agreement to be executed by its duly authorized representative as of the date set forth below.

CUSTOMER

Authorized Customer Signature Date

Print Name Print Title

Purchase Order Number (if applicable)

GE HEALTHCARE
Terence Bartlett 10-09-2018

Signature Date
Sales Specialist - POC Ultrasound
Email: Terence.Bartlett@ge.com
Mobile: +1 216 296 4521
FAX: 216-472-2921



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Version #: 2
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Total Quote Selling Price	\$23,607.00
Trade-In and Other Credits	\$0.00

Total Quote Net Selling Price	\$23,607.00

To Accept this Quotation

Please sign and return this Quotation together with your Purchase Order To:

Terence Bartlett
 Mobile: +1 216 296 4521
 Email: Terence.Bartlett@ge.com
 Fax: 216-472-2921

Payment Instructions

Please **Remit** Payment for invoices associated with this quotation to:

GE Medical Systems
Ultrasound Primary Care Diagnostics, LLC
P.O. Box 74008831
Chicago, IL 60674-8831

To Accept This Quotation

- Please sign the quote and any included attachments (where requested).
- If requested, please indicate, your form of payment.
- If you include the purchase order, please make sure it references the following information
 - The correct Quote number and version number above
 - The correct Remit To information as indicated in "**Payment Instructions**" above
 - The correct SHIP TO site name and address
 - The correct BILL TO site name and address
 - The correct Total Quote Net Selling Price as indicated above

"Upon submission of a purchase order in response to this quotation, GE Healthcare requests the following to evidence agreement to contract terms.

Signature page on quote filled out with signature and P.O. number.

*****OR*****

Verbiage on the purchase order must state one of the following: (i) Per the terms of Quotation # _____; (ii) Per the terms of GPO# _____; (iii) Per the terms of MPA # _____; or (iv) Per the terms of SAA # _____. Include the applicable quote/agreement number with the reference on the purchase order.

In addition, source of funds (choice of: Cash/Third Party Loan or GE HEF Lease or GE HEF Loan or Third Party Lease through _____), must be indicated, which may be done on the quote signature page (for signed quotes), on the purchase order (where quotes are not signed) or via a separate written source of funds statement (if provided by GE Healthcare)."



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10-09-2018

GPO Agreement Reference Information

Customer: Neal Glaviano
Contract Number: PLEASE SEE NOVATION CONTRACT # BELOW
Start Date:
End Date: 12/31/2021

Billing Terms: 80% delivery / 20% Installation
Payment Terms: Net Due in 45 Days
Shipping Terms: FOB Destination

This product offering is made per the terms and conditions of Novation/GE Healthcare GPO Agreement # XR0431 (Ultrasound).
For access to the applicable Novation Agreement and Contract Summary, please login to the Novation Marketplace website. If you require assistance or are experiencing issues please contact one of the following for support:

Novation Customer Service (888) 7-NOVATE NOVCustomerService@novationco.com

Web Site Technical Support (800) 327-8116 NovationTechSupport@novationco.com



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Item No.	QTY	CATALOG	DESCRIPTION	Ext Sell Price
	1		NextGen LOGIQ e R7	
1	1	H48382AR	<p>NextGen LOGIQ* e R7 Compact Digital Ultrasound Console USA</p> <p>NextGen LOGIQ e R7 portable high performance digital laptop ultrasound system. Standard package includes LOGIQ e Needle Recognition Software Option which helps provide precise and accurate display of the needle, anatomy and motion even in Color and Power Doppler. This feature harnesses pattern recognition technology that recognizes and accurately reveals the structure of a needle within the anatomy, without distortion of the needle and compromising the target. Also includes the ability to adjust needle gain and angle. Standard package includes AC power cord (USA), internet cord 3 meter in length CAT-5 type, PC to HUB structure, system software on USB, Optional Function Key Label, Ultrasound Transmission Gel .25L, English Basic Service Manual CD and English User Guide and AIUM booklet. The following scanning modes are included: B-mode, M-mode, anatomical M-mode, color flow mode, power Doppler imaging, pulsed wave Doppler and Ophthalmic. USA version includes; 5 year standard warranty and one day of On-site Applications Training. Training must be completed within six (6) months after Product delivery, otherwise GE Healthcare's obligation to provide the training will expire without refund. Additional On-site Applications Training days are available for purchase.*LOGIQ is a trademark of the General Electric Company</p>	\$18,877.00
2	1	H40402LY	<p>12L-RS Linear Array Transducer</p> <p>Multi-Frequency transducer with bandwidth between 5 and 13 MHz. Applications include: Small Parts, Peripherals, Vascular, Pediatric and Orthopedic Applications. FOV 38.4mm.</p>	\$4,730.00
Quote Summary:				
Total List Price:				\$54,900.00
Total Extended Selling Price:				\$23,607.00
Total Quote Net Selling Price				\$23,607.00
(Quoted prices do not reflect state and local taxes if applicable.)				



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Item No.	QTY	CATALOG	DESCRIPTION	Ext Sell Price
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MED. ED.