

# Purchase Order

**Order N°: P000258565**

(please refer to this number on all documents)

Payment Provision: The purchase order number authorizing the delivery of products or services **MUST** be included on the invoice.

By accepting this purchase order, Vendor hereby certifies that it is in full compliance with ORC Section 3517.13 as it relates to campaign finance contributions

## DOH-Dept of Health

*Columbus, on 7/29/2025*

**BMCFH\_Franklin County FY26-27 Fetal Infant Mortality Review(FIMR)-SUBREC-58374-COLUMBUS CITY OF**

**SUPPLIER ID 0000056198-16**

**COLUMBUS CITY OF**

**Attn:**

**Address:** LEPC/EMA

240 PARSONS AVE

COLUMBUS, Ohio

43215-5331 US

**Phone:**

**E-mail:**

**ORDER N°P000258565**

**Status:** Ordered

**Revision:**

**Requestor:** Colleen St.Cyr

**Phone:** 614/644-0223

**Email:** 10211554@id.ohio.gov

### DELIVER TO

*(unless specified differently per item)*

**DOH210000 BUR OF CHILD AND FAM HLTH**

**HDBL**

**Attn:**

**Address:** DOH CENTRAL RECEIVING

-

35 E. Chestnut St.

UNITED STATES

Columbus Ohio 43215

**Requested Delivery Date:**

*(Unless specified differently per item in section delivery details)*

**Incoterms:**

### BILL TO

**DOH210000 BUR OF CHILD AND FAM HLTH**

**HDBL**

**Address:** DOH ACCOUNTS PAYABLE

P.O. Box 118

UNITED STATES

Columbus, Ohio 43216-0118

**Payment Terms:**

### COMMENTS

REQ #322287

WISE 58374

Program Contact: Aubrie Sanchez; 614-930-0187

Supplier Contact: Brandon Harris; 614-645-5170

Origin Code 983

PO End Date: 6/30/26

N°	CODE/SKU	REFERENCE AND DESCRIPTION	QTY	UOM	CTR	DUE DATE	UNIT PRICE	EXT. AMOUNT
1		58374 - BMCFH_Franklin County FY26-27 Fetal Infant Mortality Review(FIMR)-SUBREC Specific deliver address: : -	1.00	Amount			36875.000	36,875.00

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N°	CODE/SKU	REFERENCE AND DESCRIPTION	QTY	UOM	CTR	DUE DATE	UNIT PRICE	EXT. AMOUNT
		Attn:						

**Total Amount**

**36,875.00 USD**