Material Request Form

Member o	er or Employee? Memb		 Employee 		
Date	3/20/2025	First Name MA	ARK	Last Name DONNELLY	
Email	MDONNELLY@wadi ngriverfd.org	Vendor: PH	ASE		
Addtional	Information:	C C	te - Prev DEMO.pdf	94.62KB 89.36KB	
		Binder Lift Quo	ite - NEW.pui	09.30ND	

Request

Qty	Cat./Part #	Description	Unit Price	Total
2	SV- DEMO-BL	STANDARD BINDER LIFT W/BAG - PREV DEMO UNIT	\$ 775.00	\$ 1550.00
2	BV- DEMO-BL	BARIATRIC BINDER LIFT W/BAG - PREV DEMO UNIT	\$ 875.00	\$ 1750.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00
			\$ 0.00	\$ 0.00

Total *

\$ 3300.00

Material Request Summary		EMS Equipment - Lift Assist Device (2)	
Appropriation Number:	3410.24	Material Request Number:	
Request Received by District Manager		3/20/2025	
		 were all trained and have had the opportunity to use the devices that were loaned to us, and all are in agreement that these devices will help move patients and will help reduce further injury to patients and possibly prevent injuries to responders when attempting to move patients. 2 options supplied – new and units that were lightly used as demo units. Both carry the same 5-year warranty. The units we had demoed were in like new condition. Recommendation is to purchase previous demo units for the reduced price. website for further info - https://www.phaseintl.com/binder-lift 	
		Please purchase 2 Standard and 2 Bariatric Binder lift devices. Units will be put on both ambulances. Members and District staff	