

ORIGINAL

REQUISITION FOR PURCHASE ORDER

ROCKDALE COUNTY, GEORGIA

RECEIVED 11-1-24 SB

VENDOR # 55639 P.O.# \_\_\_\_\_

VENDOR QUOTATIONS REQUIREMENTS									
15,000.000 and OVER - FORMAL BID/RFP PROCEDURE IS REQUIRED									
2,500.00 TO 14,999.99 - THREE WRITTEN QUOTES ATTACHED									
0.00 TO 2499.99 - ONE PHONE QUOTE (depts required to rotate sources)									
VENDOR #1			VENDOR #2			VENDOR #3			
Claris Healthcare									
UNIT	EXTENDED	UNIT	EXTENDED	UNIT	EXTENDED	UNIT	EXTENDED	UNIT	EXTENDED
						sole source			sole source
588.00	21,168.00								
348.00	348.00								
TOTAL			936.00	21,516.00		0.00			0.00

Ship To Address: Rockdale Senior Services 1240 Dogwood Drive SW Conyers GA 30012

Department/Account	Quantity	Unit	Description
230-5500-531100-55			Claris Companion Products
			Sole Source Provider - Approved August 2021
			Senior Services ARPA Assistance Program
			Category: Technology
	36	1	Annual Service Bundle
	1	Annual Service WiFi Bundle	

Sole Source Form Attached  
jm

Email to Depart: susan.morgan@rockdalecountyga.gov  
Email to Vendor: lbarrera@clarishealthcare.com

Recommended Source of Supply:  
Clariss Healthcare  
201-1099 West 8th Avenue  
Vancouver BC Canada V6H1C3  
CONTACT: Jack Hinson PHONE: (980) 275-3977

Requesting Department: Paris & Rec Senior Services Div Date Prepared: 11/01/24  
Elected Official \_\_\_\_\_ Date Required: \_\_\_\_\_  
Department Head: \_\_\_\_\_

Purchasing Officer Use Only Below Line  
Award to be made to: Clariss Healthcare  
(If not low quotation, indicate reason): jm 11/6/24

Approved for preparation of Purchase Order  
Accounting Officer 12/11/24 Date \_\_\_\_\_

REQUISITION FORM Revised 7/08/2015

11/6/2024

2024-605

**Claris Healthcare Inc.**  
201-1099 West 8th Avenue  
Vancouver BC V6H1C3  
+16048289789  
ar@clarishealthcare.com



# INVOICE

## BILL TO

Susan Morgan  
Rockdale County Senior  
Services  
1240 Dogwood Dr. SW  
Conyers, GA 33012 USA

**INVOICE #** 3915

**DATE** 2024-09-01

**DUE DATE** 2024-10-01

**TERMS** Net 30

ACTIVITY	QTY	RATE	AMOUNT
<b>ANNUAL SERVICE BUNDLE - 4G</b> Annual Claris companion software with 4G service up to 5GB per month  Renewal service period: 01/01/2025 to 12/31/2025	36	588.00	21,168.00
<b>ANNUAL SERVICE - WIFI BUNDLE</b> Annual Claris companion software -wifi only Renewal service period: 01/01/2025 to 12/31/2025	1	348.00	348.00

ACH PAYMENTS: (Preferred)  
Bank Routing Number: 063218608  
Account Number: 503489743

Cheque Payments:  
Clariss Healthcare Inc.  
c/o Jake Levy  
5560 Windy Ridge Drive  
Atlanta, GA 30342

SUBTOTAL 21,516.00  
STATE OF GA @ 0% 0.00  
TOTAL 21,516.00  
BALANCE DUE **USD 21,516.00**

To pay with credit card (Visa and Master)  
email Lborrero@clarishealthcare.com