Quantity Purchase Agreement With The State Of Indiana

Qty Purchase Agreement QPA Number	Page
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Requisition Nbr.:	Hearing Aid Devices & Services
Effective Date:	03/10/2012
Expiration Date:	12/20/2015
Agency Number:	
Facility:	ASA-RFP-11-17
Vendor ID:	0000203211
Vendor Telephone Nbr:	800-777-7333
Name Of Contact Pers:	JOAN HOLLAND
Contact Email:	joan.holland@phonak.com
FAX Number:	630-393-7400

Vendor PHONAK, LLC
Remit to: 35555 EAGLE WAY
CHICAGO IL 60678

Name and Address of Vendor: PHONAK, LLC
35555 EAGLE WAY
CHICAGO IL 60678

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.
The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date.
The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement.
Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number	Quantity	UNIT	Article and Description	Unit Price
			This is an award of a Quantity Purchase Agreement for Hearing Aid Devices and Services. This QPA is being issued solely to provide a payment and tracking method.	
			.Instructions for account set-up and ordering information:	
			1. Hearing Devices must be approved through the FSSA Vocational Rehabilitation Division or other State Agency once proper need has been determined.	
			2. Vendor will maintain an online ordering system that only allows the Vocational Rehabilitation Counselor or designated Agency Director access to edit or cancel orders.	
			3. Contractor shall maintain an Online Ordering System that includes the following: a. Orders Equipment b. Orders ear impressions and maintains a connection between the aids and impressions c. Tracks Equipment d. Investigates and compares equipment e. Accepts E-Mailed Orders (for BTE and RIC devices only) f. Provides an E-mail confirmation when the order is received from the Counselor g. Provides an E-mail confirmation when impressions are received from the audiologist	
			* E-mail confirmations shall include a distinctive number to be used to link impressions sent by the audiologist to the counselor's order. . .	
1	0.00	EA	Hearing Aid Devices & Services	0.0000

The following UN/CEFACT Unit of Measure Common Codes are used in this document:
EA Each

Signature of Purchasing Officer	Typed Name	Signature Of Approval Office Of the State Attorney General	
	Date Signed	Typed Name	Date Signed
Authorized Signature	Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204 Telephone: (317) 232-3150		