

Memorandum



TO: Alpena County Courts & Public Safety Committee

CC: City Manager Smolinski

FROM: Chief Andy Marceau

SUBJECT: Reimbursement Request – 2025 Stryker 2025 Annual Service

DATE: March 21, 2026

As a condition of the Ambulance Service Agreement – Amendment 1, Section 6(i), the cost of the annual maintenance of the Lifepak cardiac monitors and the Stryker Power-Load cot/lift systems in each ambulance shall be reimbursed by the County, up to a maximum of \$31,000 per year.

This annual service was completed by the Stryker service team on August 27, 2025. During the service, several adjustments, upgrades, and repairs were made to the related equipment. All work performed was covered under the service agreement and incurred no additional cost to either the City or the County. As a result, all Stryker Power-Load cot/lift systems and Lifepak cardiac monitors are now fully operational and meet current factory maintenance recommendations.

Maintaining this equipment is an important and controllable factor in reducing risk and liability related to potential equipment failure during patient care. Proper servicing ensures these critical components remain reliable for EMS operations.

With the service now completed, a copy of the invoice in the amount of \$30,999.20 has been attached. The Alpena Fire Department respectfully requests reimbursement from Alpena County to the City of Alpena in accordance with the agreement.

Recommended Motion:

Motion to reimburse the City of Alpena in the amount of \$30,999.20 for the annual service of the Stryker Power-Load cot/lift systems and Lifepak cardiac monitors as presented.



*Provider of Fire, Rescue and Emergency Services for the City of Alpena
and Advanced Life Support Ambulance for Alpena County*

Checks » 718 - 3

[EDIT](#) [VOID](#)

[INFORMATION](#) [COMMENTS](#) 0 [ATTACHMENTS](#) 1 [ACTIVITY](#)

▼ GENERAL INFORMATION

Vendor 1332 - STRYKER SALES CORP ▼

21343 NETWORK PL
CHICAGO, IL 60673-1213

2 (269) 329-2100 2

EFTPAYMENTS@STRYKER.COM 1

\$ ---

[VENDOR INFORMATION](#)

Bank Account 3 - NICOLET NATIONAL BANK GENF... ▼

Check Number 718

Check Type ACH Transaction

▼ DATE INFORMATION

Check Date 04/06/2026

Cleared Date *Not Specified*

Void Date *Not Specified*

[INVOICE DETAILS](#) 3 [GL NUMBER DETAILS](#) [NOTES](#) [OPTIONS](#)

INVOICE	DESCRIPTION
9211761880	SUPPLIES-FIRE/EMS
9211748855	SUPPLIES-FIRE/EMS
9211690719	ANNUAL SERVICE/MAINTENANCE OF CARDIAC MO



1941 Stryker Way, Suite A
Portage, MI 49002 USA

Invoice

9211690719

Bill to: 20125944

252528-12.12 0 17708-1.1 1oz

 ALPENA FIRE DEPT
ATTN: ACCOUNTS PAYABLE DEPARTMENT
501 W CHISHOLM
ALPENA MI 49707 - 2424


Customer Information

Invoice #	9211690719
Invoice Date	03/01/2026
Currency	USD
Payer Number	20125944
Payer Name	ALPENA FIRE DEPT

Ship to

20125944

ALPENA FIRE DEPT
501 W CHISHOLM
ALPENA MI 49707-2424

Remit to :

Electronic Payments:	Checks:
JPMorgan Chase ABA 071000013 (ACH) Account: 1035237 ABA 021000021 (WIRE) SWIFT Code: CHASUS33XXX	Stryker Sales, LLC 21343 NETWORK PLACE CHICAGO IL 60673-1213 USA

For product related inquiries please contact:
Stryker Medical Customer Service: 800-327-0770
For accounts and billing related inquiries please contact:
Stryker account receivable: 800-733-2383(Option 2)

Please transmit in CTX format. If CTX is not possible, please send remittance information by email to EFTpayments@stryker.com

Header Information

Customer PO	Q 10874359 PO Form	Payment Due Date	03/31/2026
Payment Terms	Net due in 30 days		
Terms of Delivery	PCO ORIGIN		

Item	Item#/GTIN	Description	Billing Period	Extended Price
		Procure Service Contract Procure Services Emergency Care	2026-03-01 2027-02-28	30999.20

Contract No.	40079297	Item Total	30,999.20
Billing Plan	SRY - Yearly advance		
Contract Validity	03/01/2024 to 02/28/2029	Gross Amount	30,999.20
Coverage Date	03/01/2026 to 02/28/2027		





1941 Stryker Way, Suite A
Portage, MI 49002 USA

Invoice
9211690719

Stryker Medical

5 Year ProCare Maintenance Agreement

Effective Date:3/1/24-2/28/29

Annual payments

The purchase of products pursuant to this invoice is subject to Stryker's then current terms of sale set forth at (see www.stryker.com/stnc). Any different or additional terms on any purchase order or other document submitted by Buyer are expressly rejected by Stryker. Acceptance of Buyer's purchase order and shipping of Stryker product to Buyer does not serve as acceptance of any such different or additional terms.

The total price shown on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to rebates or additional discounts for which separate documentation is provided by Stryker. Customer must (1) claim the value of all discounts and rebates in the fiscal year earned or immediately following fiscal year, (2) properly report and appropriately reflect and allocate prices paid net of all discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payers as may be required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

STRYKER RESERVES THE RIGHT TO CHARGE A 1.5% MONTHLY FINANCE CHARGE (18% PER ANNUM) ON ALL AMOUNTS REMAINING UNPAID AT THE END OF THE NET PERIOD.

NO MERCHANDISE WILL BE ACCEPTED FOR RETURN WITHOUT PRIOR AUTHORIZATION. TO OBTAIN A RETURN AUTHORIZATION OR TO REPORT DISCREPANCIES, PLEASE CALL CUSTOMER SERVICE AT THE NUMBER INDICATED ABOVE. Please refer to www.stryker.com/returnpolicy for Stryker's product return policies.