



West Allis Memorial Hospital, Inc.
PO Box 402
Elmsford, NY 10523
United States of America

Purchase Order

Purchase Order Number	PO005537747
Purchase Order Date	07/08/2026
Purchase Order Type	02. Service
Payment Terms	0 DAYS - PAY IMMEDIATE
Payment Type	ePay-JPMC

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Supplier

DOOR MASTER GARAGE DOOR CO LLC
5441 W COLDSRING RD
GREENFIELD, WI 53220
United States of America

Comments

Ship-To

West Allis Memorial Hospital, Inc.
8901 W Lincoln Ave
Receiving Dock
West Allis, WI 53227-2409
United States of America
Customer Account Number

Bill To

172 West Allis Memorial Hospital, Inc.
PO Box 402
Elmsford, NY 10523
United States of America

Currency	Total Lines Amount	Total Tax Amount	Total PO Amount
USD	740.00	0.00	740.00
Shipping Terms	Shipping Method	Shipping Instruction	
FOB Destination - 3rd Party Billing	OPTIFREIGHT	If shipping charges contractually apply, ship Bill 3rd Party via Fed Ex account # 624749030, Ground, FOB destination. If items are palletized or combined shipping weight exceeds 150 lbs, call 888-457-5851 for carrier instructions prior to shipping. insert our PO # in the recipient 2nd address field.	

Service Lines

Line Number	Description	Start Date	End Date	Line Memo	Amount
1	AWAMC - AMBULANCE BAY DOOR DAMAGE REPAIR	07/08/2026	07/08/2027		\$740.00

Messages

This purchase order is governed by the terms and conditions of purchase located at advocatehealth.org/po ("terms"), which are hereby incorporated by reference, unless the parties have entered into a separate written agreement signed by both parties. The terms contain important provisions governing the parties' relationship. Please access, review, and print the terms. If supplier has not previously electronically agreed to the terms and this purchase order as part of the supplier approval process, supplier's provision of products or services in response to this purchase order constitutes acceptance of the terms and this purchase order.

Email Questions regarding this Purchase Order to: ASC-Procurement-Resource@aah.org

Email Purchase Order Acknowledgments to: ASC-AAHPOconfirmation@aah.org

Email Invoices for this PO to: AdvocateHealth@p2pinvoiceservices.com

We appreciate doing business with you.