



Renewal No. 1 for Contract # 20210687

City of Springfield Blanket Contract Tracer Log

INSTRUCTIONS: Upon receipt, please initial and write in the date of receipt on this Tracer form. When your department has approved and signed the blanket contract, please initial and date in the forwarding section and deliver to the next department.

DEPARTMENT	DATE RECEIVED		DATE FORWARDED TO NEXT DEPT.	
	Initials	Date	Initials	Date
Office of Procurement			KV	05/17/2022
Police Department	CAC	5/24/22	CAC	6/1/22
City Comptroller	JR	6-2-22	JR	6-2-22
Law	PF	6-3	PF	6-3
CAFO	Ah	6/6/22	Ah	6/7/22
Mayor	MM	6-8	MM	6-8
Office of Procurement	KV	6/9/22		

Vendor No.: 17392 Contract No. 20210687 Blanket Contract Date: 05/01/2021

Renewal Amount: \$150,000.00 \$125,400.00 (PARTIAL)

Blanket Renewal Date: 02/01/2022

Blanket Contract Expiration Date: 04/30/2024

Req No.: 22014175

Act No.: 01211210-558105 ✓

Bid No.: 20-110

Vendor Name: AXON ENTERPRISE INC

Blanket Contract Purpose: Purchase of Tasers, Equipment, & Training

Requesting Dept.: SPD

TYPE OF DOCUMENT (Please select at least one):

☐ New

☐ Amendment

☐ Extension

☒ Renewal

NOTICE OF EXERCISE OF RENEWAL OPTION NO. 1; CITY CONTRACT NO. 20210687

PRICE AGREEMENT FOR TASERS, TRAINING AND MAINTENANCE

WHEREAS, on or about May 1, 2021, the **CITY OF SPRINGFIELD**, a municipal corporation within the County of Hampden, Commonwealth of Massachusetts, with its principal offices at 36 Court Street, Springfield, Massachusetts 01103, acting by and through the Springfield Police Department (hereafter referred to as "SPD"), with the approval of the Mayor (collectively referred to herein as the "City"), and **Axon Enterprise, Inc.**, a Corporation, with a mailing address located at 17800 North 85th Street, Scottsdale, AZ 85255 (hereinafter the "Vendor"), entered into a contract for the Price Agreement for Tasers, Training and Maintenance, referred to as City Contract No. 20210687, (hereinafter the "Agreement"); and

WHEREAS, The City has ratified and executed Contract No. 20210687, a one year agreement, referring to Bid No. 21-110, which expires on April 30, 2022, and which contained Two (2) one-year in length renewal options, to be exercised at the sole discretion of the City of Springfield; and

WHEREAS, SPD now seeks to exercise Renewal Option No. 1 to continue the services covered in the agreement, for the amount specified in the original agreement and unchanged by this renewal notice; and

NOW THEREFORE, the City and the Vendor agree to renew the Agreement under the following terms and conditions:

1. **Exercising of Renewal Option No.1.** SPD hereby exercises Renewal Option No.1, a one-year in length renewal period, available under the underlying agreement. In doing so, the agreement now has an updated expiration date of **April 30, 2023**. Both parties accept that this is the first of two Renewal Options, available to the City, under the Agreement.
2. **Section III (A) (1) Contract Pricing.** The amount of the services for the first renewal period (One Year) is estimated not to exceed **One Hundred Fifty Thousand Dollars and 00/100 (\$150,000.00)** including all reimbursable fees and expenses.
3. Except as specifically stated by the provisions of this Renewal, all other terms, provisions, scope, requirements, and specifications contained in the Agreement shall remain the same and in full force and effect for the duration of the Renewal Period.

SIGNATURE PAGE TO FOLLOW

IN WITNESS WHEREOF, the CITY OF SPRINGFIELD, and Axon Enterprise, Inc. has caused this Renewal Option No. 1 to be executed in duplicate under seal as of the date the document is executed by all parties listed on the signature page, or their lawful successors in office.

FOR THE VENDOR,
Axon Enterprise, Inc.

By: [Signature]

Name: Robert E. Driscoll, Jr.

Title: VP, Assoc. General Counsel

Date: May 16th, 2022

FOR THE CITY OF SPRINGFIELD:

Approved:

[Signature]
Police Commissioner
Date signed: 5/26/22

Approved:

[Signature]
Office of Procurement
Date Signed May 19, 2022

Approved as to Form:

[Signature]
City Solicitor
Date Signed 6-9

Approved:

[Signature]
DOMENIC J. SARNO
MAYOR
Date Signed 6/8/22

01211210-558105 8125,400.00 (PARTIAL)
Approved as to Appropriation:

[Signature]
City Comptroller
Date Signed 6.2.22

Approved:

[Signature]
CAFO
Date Signed 6/6/22

TO BE INCLUDED IN ALL SPECIFICATIONS

COMPLIANCE WITH FEDERAL, COMMONWEALTH OF MASSACHUSETTS, AND CITY OF SPRINGFIELD TAX LAWS.

A. COMPLIANCE WITH TAX LAWS

The contractor must be in compliance at the time it submits its bid and afterwards if selected as the contractor, with all Federal, Commonwealth of Massachusetts and City of Springfield tax laws, the contractor will be disqualified from the bidding procedure.

B. TAX CERTIFICATION AFFIDAVIT.

The contractor must complete and return the Tax Certification Affidavit with the contractor's bid/proposal. Failure to complete and return the Tax Certification Affidavit will disqualify the contractor from the bidding procedure.

C. VERIFICATION OF COMPLIANCE WITH FEDERAL AND MASSACHUSETTS TAX LAWS.

If the City of Springfield discovers that the contractor is not in compliance with Federal or Massachusetts tax laws, the contractor shall be excluded from the bidding procedure.

D. COMPLIANCE WITH THE CITY OF SPRINGFIELD TAXES.

If the City of Springfield discovers that the contractor owes the City of Springfield any assessments, excise, property or other taxes, including any penalties and interest thereon, the contractor shall be excluded from the bidding procedure.

The contractor at all times during the term of an awarded contract shall observe and abide by all Federal, Commonwealth of Massachusetts and City of Springfield tax laws and remain in compliance with such laws, all as amended.

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

Individual Social Security Number

State Identification Number

86-0741227
Federal Identification Number

Pursuant to M.G.L. Ch. 62c, sec. 49a.

Company:

Axon Enterprise, Inc.

P.O. Box (if any):

Street Address Only:

17800 N. 85th Street

City/State/Zip Code:

Scottsdale, Arizona 85255

Telephone Number:

1800 978-2737

Fax Number:

480-991-0791

List address(es) of all other property owned by company in Springfield:

Please identify if the bidder/proposer/contractor is a:

Corporation

X

Individual

Name of Individual:

Partnership

Names of all Partners:

Limited Liability Company

Names of all Managers:

Limited Liability Partnership

Names of Partners:

Limited Partnership

Names of all General Partners:

You must complete the following certification and have the signature(s) notarized on the lines below.

TAX CERTIFICATION

I, Robert E. Driscoll, Jr. certify under the pains and penalties of perjury that Axon Enterprise, Inc. to my best
(Authorized Agent) (Bidder/Proposer/Contractor)
knowledge and belief, has/have complied with all United States Federal, Commonwealth of Massachusetts, and
City of Springfield taxes required by law.

Axon Enterprise, Inc.
Bidder/Proposer/Contracting Entity

[Signature]
Authorized Person's Signature

Date: May 16, 2022

Notary Public

STATE OF

Arizona

County of

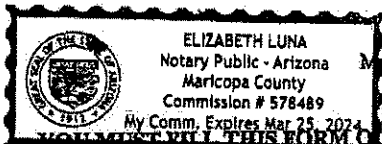
Maricopa

May 16, 2022

Then personally appeared before me [name] Robert E. Driscoll [title] VP, Asst. Gen. Counsel of [company]
[name] Axon Enterprise, Inc. being duly sworn, and made oath that he/she has read the foregoing document, and knows the
contents thereof, and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and deed and the free act
and deed of [company name] Axon Enterprise, Inc.

Notary Public

3/25/24



**YOU MUST FILE THIS FORM OUT COMPLETELY AND, SIGNATURES MUST BE NOTARIZED ON THIS FORM
AND YOU MUST FILE THIS FORM WITH YOUR BID/CONTRACT. TAX AFFIDAVITS THAT ARE NOT SIGNED AND
NOTARIZED WILL BE REJECTED.**



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/03/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Insurance Services West, Inc. Phoenix AZ Office 2555 East Camelback Rd. Suite 700 Phoenix AZ 85016 USA	CONTACT NAME:	
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): 800-363-0105
INSURED Axon Enterprise, Inc. 17800 N. 85th Street Scottsdale AZ 85255 USA	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: Navigators Insurance Co	42307
	INSURER B: Scottsdale Indemnity Company	15580
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 570091853436 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATION MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> see Prod Liab info att'd GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: Xc1 Prod/Comp Ops			NGI0000057 SIR applies per policy terms & conditions	03/01/2022	03/01/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$50,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG Excluded Per Occ. SIR \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			UNI0000002	03/01/2022	03/01/2023	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Springfield is included as Additional Insured in accordance with the policy provisions of the General Liability, and Excess Liability policies. General Liability evidenced herein is Primary and Non-Contributory to other insurance available to an Additional Insured, but only in accordance with the policy's provisions. A waiver of Subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, and Excess Liability policies.

CERTIFICATE HOLDER

CANCELLATION

City of Springfield Division of Purchases, 218 E. Centra, Springfield MO 65802 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Insurance Services West, Inc.</i>

Holder Identifier :

Certificate No : 570091853436



INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

[illegible]

**ADDITIONAL REMARKS SCHEDULE**

Page _ of _

AGENCY Aon Risk Insurance Services West, Inc.		NAMED INSURED Axon Enterprise, Inc.	
POLICY NUMBER See Certificate Number: 570091853436			
CARRIER See Certificate Number: 570091853436	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance**Products Liability Schedule**

Products/Completed Operations Coverage
2/1/2022 - 2/1/2023:

Policy #034064091
Lexington Insurance Company
Claims Made Coverage Form - Products Liability
\$10,000,000 Each Occurrence Limit
\$10,000,000 Products/Completed Operations Aggregate Limit
\$ 5,000,000 Per Claim Self Insured Retention

Policy #034064092
Lexington Insurance Company - Products Liability
Occurrence Coverage Form
\$10,000,000 Each Occurrence Limit
\$10,000,000 Products/Completed Operations Aggregate Limit
\$ 5,000,000 Per Occurrence Self Insured Retention

Policy No. NGI0000057

Effective Date: 03-01-22
12:01 A.M., Standard Time

Named Insured AXON ENTERPRISE INC

Agent No. 29602

Scottsdale Indemnity Company

THIRTY (30) DAY NOTICE OF CANCELLATION TO CERTIFICATE HOLDERS

Subject to the following condition, thirty (30) days notice of cancellation, except as respects non-payment of premium for which ten (10) days will apply, will be given to Certificate holders on file with us.

As a condition of this duty, you will provide a complete list of Certificate holders including name(s) and physical addresses to us that require the notice of cancellation.

Failure to provide us with a complete list of Certificate holders nullifies our duties of the paragraph above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
ELECTRONIC DATA LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

SCHEDULE

Name Of Person(s) Or Organization(s):

ANY PERSON OR ORGANIZATION WHOM YOU ARE REQUIRED TO ADD AS AN
ADDITIONAL INSURED UNDER WRITTEN CONTRACT, WRITTEN AGREEMENT OR
WRITTEN PERMIT CURRENTLY IN EFFECT OR BECOMING EFFECTIVE DURING THE
TERM OF THE POLICY AND EXECUTED PRIOR TO THE "BODILY INJURY" OR
"PROPERTY DAMAGE."

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**The following is added to Paragraph 8. Transfer Of
Rights Of Recovery Against Others To Us of
Section IV – Conditions:**

We waive any right of recovery against the person(s)
or organization(s) shown in the Schedule above
because of payments we make under this Coverage
Part. Such waiver by us applies only to the extent that
the insured has waived its right of recovery against
such person(s) or organization(s) prior to loss. This
endorsement applies only to the person(s) or
organization(s) shown in the Schedule above.

**COMMERCIAL GENERAL LIABILITY
CG 20 01 12 19**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NONCONTRIBUTORY –
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

Scottsdale Indemnity Company

ENDORSEMENT

NO. _____

Attached to and forming a part of

Policy No. NGI0000057

Named Insured AXON ENTERPRISE INC

Endorsement Effective Date 03-01-22

12:01 A.M., Standard Time

Agent No. 29602

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

With respect to this endorsement, **SECTION II—WHO IS AN INSURED** is amended to include as an additional insured any person or organization whom you are required to add as an additional insured on this policy under a written contract, written agreement or written permit which must be:

- a. Currently in effect or becoming effective during the term of the policy; and
- b. Executed prior to the "bodily injury," "property damage," or "personal and advertising injury."

The insurance provided to these additional insureds is limited as follows:

1. That person or organization is an additional insured only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - a. Your acts or omissions; or
 - b. The acts or omissions of those acting on your behalf.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

2. With respect to the insurance afforded to these additional insureds, the following exclusions are added to item 2. **Exclusions of SECTION I—COVERAGES:**

This insurance does not apply to "bodily injury," "property damage" or "personal and advertising injury" occurring after:

- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
 - b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
3. The limits of insurance applicable to the additional insured are those specified in the written contract, written agreement or written permit or in the Declarations for this policy, whichever is less. These limits of insurance are inclusive of, and not in addition to, the Limits of Insurance shown in the Declarations for this policy.
 4. Coverage is not provided for "bodily injury," "property damage," or "personal and advertising injury" arising out of the sole negligence of the additional insured.
 5. The insurance provided to the additional insured does not apply to "bodily injury," "property damage," or "personal and advertising injury" arising out of an architect's, engineer's or surveyor's rendering of or failure to render any professional services including:

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- a. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
 - b. Supervisory, inspection, architectural or engineering activities.
6. Any coverage provided hereunder will be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless a written contract specifically requires that this insurance be primary.

When this insurance is excess, we will have no duty under **SECTION I—COVERAGES** to defend the additional insured against any "suit" if any other insurer has a duty to defend the additional insured against that "suit." If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured's rights against all those other insurers.

AUTHORIZED REPRESENTATIVE

DATE

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Bill To
 SPRINGFIELD POLICE DEPARTMENT
 130 PEARL STREET
 SPRINGFIELD, MA
 01105
 AP@SPRINGFIELDPOLICE.NET

Requisition 22014175-00 FY 2022

Acct No:
 01211210-558105
 Review:
 Buyer: 113475
 Status: Released

Page 1

Vendor
 AXON ENTERPRISE INC
 17800 NORTH 85TH STREET
 SCOTTSDALE, AZ 85255-9306
 USA
 Tel#800-978-2737

Ship To
 SPRINGFIELD POLICE DEPARTMENT
 130 PEARL STREET
 SPRINGFIELD, MA 01105
 AP@SPRINGFIELDPOLICE.NET

Delivery Reference
 ATTN: SGT VANZANDT- ACADEMY

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
04/05/22	017392				POLICE ADMINISTRATION
LN	Description / Account	Qty	Unit Price	Net Price	
	General Notes				
	CONTRACT#20210687				
	INV#INUS063126				
001	ITEM#20090 2019 TASER 7 CERTIFICATION PLAN YEAR 3 PAYMENT	100.00	684.00000	68400.00	
		EACH			
1	01211210-558105		68400.00		
002	ITEM#20096 TASER 7 CERTIFICATION PLAN ADD-ON YEAR 3 PAYMENT	250.00	228.00000	57000.00	
		EACH			
1	01211210-558105		57000.00		

Requisition Link

Requisition Total 125400.00

***** General Ledger Summary Section *****

Account	Amount	Remaining Budget
01211210-558105	125400.00	235282.18
COMMISSIONERS OFFICE	WEAPONS AND AMMUNITION	

***** Approval/Conversion Info *****

Activity	Date	Clerk	Comment
Approved	04/05/22	Lisa Willis	
Forward	04/05/22	Jennifer Leydon	Automatic Forward to lwillis
Approved	04/05/22	Lisa Willis	
Approved	04/05/22	Hamediah Mohamed	Auto approved by: 107454

Bill To
SPRINGFIELD POLICE DEPARTMENT
130 PEARL STREET

SPRINGFIELD, MA
01105
AP@SPRINGFIELDPOLICE.NET

Requisition 22014175-00 FY 2022

Acct No:
01211210-558105
Review:
Buyer: 113475
Status: Released

Page 2

Vendor
AXON ENTERPRISE INC
17800 NORTH 85TH STREET

SCOTTSDALE, AZ 85255-9306
USA
Tel#800-978-2737

Ship To
SPRINGFIELD POLICE DEPARTMENT
130 PEARL STREET

SPRINGFIELD, MA 01105
AP@SPRINGFIELDPOLICE.NET

Delivery Reference
ATTN: SGT VANZANDT- ACADEMY

Date Ordered	Vendor Number	Date Required	Ship Via	Terms	Department
04/05/22	017392				POLICE ADMINISTRATION
LN	Description / Account	Qty	Unit Price	Net Price	
Approved	04/05/22 Vanessa Lima	Auto approved by:	107454		
Approved	04/05/22 Sean Pham	Auto approved by:	107454		
Approved	04/05/22 Christopher Fraser	Auto approved by:	107454		
Approved	04/05/22 Jennifer Whisher	Auto approved by:	107454		
Approved	04/05/22 Elyssa Parrish	Auto approved by:	107454		
Approved	04/05/22 Erin Hand	Auto approved by:	107454		
Approved	04/05/22 Vedrana Murtic	Auto approved by:	107454		
Approved	04/05/22 Thalia Mwanilelo	Auto approved by:	107454		
Approved	04/05/22 Saumajit Saha	Auto approved by:	107454		
Approved	04/05/22 Ciara Hanlon	Auto approved by:	107454		
Approved	04/05/22 Matthew Ferri	Auto approved by:	107454		
Approved	04/06/22 Melanie Acobe	Auto approved by:	109210		
Approved	04/06/22 Lindsay Hackett	Auto approved by:	109210		
Approved	04/06/22 TJ Plante	Automatic Forward to	113475		
Forward	04/06/22 Sheneil Duncan	HOLD FOR RENEWAL			
Queued	04/06/22 Katie Vegh				