

**EXHIBIT B
PRICE SCHEDULE**

CONTRACT NO: 19PSX0153

Rev. 3-25-19 Prev. Rev. 2015

CONTRACTOR NAME:	
DELIVERY: _____ from receipt of Purchase Order	PROMPT PAYMENT TERMS:

ITEM #	DESCRIPTION OF COMMODITY AND/OR SERVICES	QUANTITY	UNIT OF MEASURE	TOTAL PRICE
1.	Delivery of Spirit® Mental Health Bed to include installation & training	1	Each	\$ _____
2.	Delivery of Spirit Plus Mental Health Bed to include installation & training	1	Each	\$ _____
3.	Optional items:			
	• Built-in scale	1	Each	\$ _____
	• Single-zone bed exit alarm	1	Each	\$ _____
	• Power status indicator	1	Each	\$ _____
	• 4-inch tool-less bed extension	1	Each	\$ _____
	• Level-all bed reset	1	Each	\$ _____
4.	Electronic catalog or price list reference # _____ Dated: _____			