

# MCKESSON

McKesson Medical-Surgical  
 Government Solutions LLC  
 9954 Mayland Drive Suite 5176  
 Henrico, VA 23233

Bill To: 58858328

OXFORD PUBLIC SCHOOLS  
 ATTN ACCOUNTS PAYABLE  
 144 OXFORD RD STE 1B  
 OXFORD CT 06478-1982

## Invoice

Page 1 of 1

RCHAP6519

Shipped From:  
 MCKESSON MEDICAL-SURGICAL INC(NORTHBORGH  
 BOSTON #065  
 55 LYMAN STREET, SUITE 1  
 NORTHBOROUGH,MA 01532

District License CSW.0001336  
 Shipped To: 65525743  
 OXFORD MIDDLE SCHOOL  
 40 GREAT OAK RD  
 OXFORD CT 06478-1982  
 Ordered By: REP

Payment / Account Balance Inquires 1-800-453-5180  
 Phone:

Customer Service Phone: 1-800-234-1464

<b>Sales Order Number</b>	<b>71233396</b>	<b>Invoice Number</b>	<b>17013659</b>
<b>Sales Order Date</b>	<b>07/16/2020</b>	<b>Invoice Date</b>	<b>08/10/2020</b>
<b>PO Number</b>	<b>26395</b>	<b>Payment Due Date</b>	<b>09/09/2020</b>
<b>Sales Rep Name</b>	<b>PHELAN, MICHAEL</b>	<b>Invoice Amount</b>	<b>\$129.74</b>

Notes: The complete Terms of Sale that apply to this purchase are located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. Customer is responsible for reviewing the Terms of Sale in full.

Please contact us regarding electronic payment options at [MMS.Treasury@McKesson.com](mailto:MMS.Treasury@McKesson.com)

### Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
811494	Vendor: SHARPS Vend Cat#: 80501-INTRO	CONTAINER SYS, SHARPS W/WALL E PO LN 1	1	EA	1	129.74	129.74	.00	
	Tracking # 065001242131								
	Shipped: 08/10/2020	From: Northborough							
		Via: PRIVATE FLEET - BOST - BOSTON							
		Broker Lic: CSW.0004343							
1062252	Vendor: CLTN Vend Cat#: 3713-15-1GR-5C-3WG	COUCH, APRON UPHOL W/DBL DRWR PO LN 2	3	EA	0	991.16	.00	.00	
1060830	Vendor: CLTN Vend Cat#: 8890	TABLE, EXAM MANUAL W/STEP STOO PO LN 3	1	EA	0	1389.75	.00	.00	

SUB TOTAL	FREIGHT	TAX	AMOUNT
\$129.74	\$0.00	\$0.00	\$129.74

The purchase listed on this invoice may be subject to a discount or other promotional consideration that may require you to report the value of such discount or promotional consideration, if any, as a discount. In addition, the prices on this invoice may include fees for services that may not be reimbursable under the Medicare/Medicaid statutes. You can receive an itemized list of any fees included in the prices upon request.

PRICING IS CONFIDENTIAL AND PROPRIETARY.

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<b>Account Number</b>	<b>58858328</b>	<b>Date</b>	<b>08/10/2020</b>
<b>Document Number</b>	<b>17013659</b>	<b>Terms</b>	<b>AR NET 30 DAYS</b>
<b>Pay This Amount Before</b>	<b>09/09/2020</b>		<b>\$129.74</b>

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**Please Remit To:**  
 MCKESSON MEDICAL - SURGICAL  
 PO BOX 936279  
 ATLANTA GA 31193-6279