M[⊆]**KESSON**

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

Shipped From: RCHAP65' MCKESSON MEDICAL-SURGICAL INC(NORTHBORGH 55 LYMAN STREET, SUITE 1 NORTHBOROUGH,MA 01532 SHIPPED FROM 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				
Sales Order Number	71233396	Invoice Number	17062251				
Sales Order Date	07/16/2020	Invoice Date	10/14/2020				
PO Number	26395	Payment Due Date	11/13/2020				
Sales Rep Name	PHELAN, MICHAEL	Invoice Amount	\$4,363.23				
	Notes: The complete Terms of Sale that apply to this purchase are located at https://mms.mckesson.com/						

:: 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

	Invoice De	etail										
ltem Number	Vendor / Vendor (Description	n	Order	ed	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
1062252		CLTN 3713-15-1G	COUCH, APRON U R-5C-3WG	PHOL W/DBL I PO LN 2	DRWR	3	EA	3	991.16	2973.48	.00	
	Tracking #	0650012842	12									
	Shipped:	10/14/2020	From: Northborough	Via: PRIVATE	FLEET	- BOS	T - BOS	TON Brok	er Lic: CSW.	0004343		
1060830	Vendor: Vend Cat#:	CLTN 8890	TABLE, EXAM MAN	NUAL W/STEP PO LN 3	STOO	1	EA	1	1389.75	1389.75	.00	
	Tracking #	0650012842	12									
	Shipped:	10/14/2020	From: Northborough	Via: PRIVATE	FLEET	- BOS	T - BOS	TON Brok	er Lic: CSW.	0004343		
						SUB	TOTAL	FR	EIGHT	TAX	Α	MOUNT
						\$4	,363.23		\$0.00	\$0.00	\$4	,363.23

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor. In addition, the purchase of products hereunder may qualify customer for discounts on certain purchases made under a distribution agreement between customer and McKesson Corporation. PRICING IS CONFIDENTIAL AND PROPRIETARY.

Invoice

RCHAP6519

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

M KESSON

Account Number58858328Document Number17062251Date10/14/2020TermsAR NET 30 DAYSPay This Amount Before11/13/2020\$4,363.23

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

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

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