MCKESSON

MMS Government Solutions LLC 9954 Mayland Drive Suite 4000 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: MCKESSON MEDICAL SURGICAL (ROCH) 029 ROCHESTER 2404 INNOVATION WAY ROCHESTER, NY 14624

District License CSW.0004263 58858329 Shipped To: GREAT OAK MIDDLE SCHOOL ATTN S BLAKE 50 GREAT OAK RD OXFORD CT 06478-1390 Ordered By: JAMES H

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

Phone:

Customer Service Phone: 1-800-234-1464

Sales Order Number	63219590	Invoice Number	03990710
Sales Order Date	04/24/2020	Invoice Date	05/07/2020
PO Number	26408	Payment Due Date	06/06/2020
Sales Rep Name	PHELAN, MICHAEL	Invoice Amount	\$1,027.06

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

Invoice Detail

Item	Vendor /							Unit		Sales	Codes
Number	Vendor Cat #		Description	Ordere	Ordered		Shipped	Price	Amount	Tax	(*)
867255	Vendor: N Vend Cat#:	MICAUD 06.001	AUDIOMETER, MANUAL ES3N PO LN		1	EA	1	1027.06	1027.06	.00	_
	Tracking # 1ZY753710319363785										
	Shipped:	05/07/2020	From: Rochester						CSW.00043	343	

			SALES TAX							
			STATE	COUNTY		CITY			OTHER	
			\$0.00	\$0.00		\$0.00		\$0.00	\$0.00	
SUB						STD/	EXP	TOTAL	TOTAL	TOTAL
TOTAL	HANDLING	COLD CHAIN	HAZI	MAT	BULK	FREI	3HT	FREIGHT	TAX	AMOUNT
\$1,027.06	\$0.00	\$0.00	\$0	0.00	\$0.00	\$0	.00	\$0.00	\$0.00	\$1,027.06

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.

Invoice

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Account Number 58858328 **Document Number** 05/07/2020 03990710 Date **AR NET 30 DAYS Terms**

\$1,027.06 06/06/2020 **Pay This Amount Before**

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