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

Shipped From:

MCKESSON MEDICAL SURGICAL (ROCH)

029 ROCHESTER 2404 INNOVATION WAY ROCHESTER,NY 14624

District License CSW.0004263 Shipped To: 65525743 OXFORD MIDDLE SCHOOL 40 GREAT OAK RD OXFORD CT 06478-1982 Ordered By: REP-PHN

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

Phone:

Customer Service Phone: 1-800-234-1464

Sales Order Number	76485633	Invoice Number	17031541
Sales Order Date	09/02/2020	Invoice Date	09/03/2020
PO Number	26395	Payment Due Date	10/03/2020
Sales Rep Name	PHELAN, MICHAEL	Invoice Amount	\$129.74

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 /	<i>l</i>					Unit			Sales	Codes
Number	Vendor	Cat #	Descrip	otion	Ordered	Unit	Shipped	Price	Amount	Tax	(*)
811494		SHARPS 80501-INTR		/S, SHARPS W/WAL PO LN 1	LE 1	EA	1	129.74	129.74	.00	
	Tracking #	1ZY7537103	320587693								
	Shipped:	09/03/2020	From: Rochester	Via: UPS GROUND	Broker	Lic: CSW.0	0004343				

 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.

MSKESSON

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Invoice

RCHAP6519

Account Number	58858328		
Document Number	17031541	Date	09/03/2020
Terms		AR	NET 30 DAYS
Pay This Amount Before	10/03/2020		\$129.74

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