

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

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 PHONE

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

Customer Service Phone: 1-800-234-1464

Sales Order Number	71947372	Invoice Number	17015257
Sales Order Date	07/23/2020	Invoice Date	08/11/2020
PO Number	26408	Payment Due Date	09/10/2020
Sales Rep Name	PHELAN, MICHAEL	Invoice Amount	\$369.73

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 Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
Please deliver to customer on Aug 10, 2020									
649926	Vendor: IPU Vend Cat#: ISO ST33	CART, ISOLATION W/SKIRT 3 DRWR PO LN 1	1	EA	1	334.73	334.73	.00	
			MMS PO#	26927638					
		HANDLING	COLD CHAIN	HAZMAT	BULK	STD/EXP	FRT		
		\$0.00	\$0.00	\$0.00	\$0.00	\$35.00			
		SUB TOTAL	FREIGHT	TAX	AMOUNT				
		\$334.73	\$35.00	\$0.00	\$369.73				

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	Date	08/11/2020
Document Number	17015257	Terms	AR NET 30 DAYS
Pay This Amount Before	09/10/2020		\$369.73

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