

*R.L. Om*  
*B.K.*  
*KEL.*  
*GPB*

RUN DATE: 10/18/18  
 TIME: 08:27

CLAY COUNTY MEMORIAL HOSPITAL  
 CHECK REGISTER  
 10/22/18 THRU 10/22/18

PAGE 1  
 GLCKREG

BANK--CHECK-----  
 CODE NUMBER DATE AMOUNT PAYEE

FB	CODE	NUMBER	DATE	AMOUNT	PAYEE
					<i>Shread Service</i>
					<i>medical supplies</i>
					<i>Laboratory supplies</i>
					<i>Internet</i>
					<i>Gas</i>
					<i>Capital Asset - DXH 600 - Equipment supplies</i>
					<i>Sonogram maint.</i>
					<i>medical supplies</i>
					<i>Rewards service</i>
					<i>Contract service</i>
					<i>URGENT CARE (ST Admin)</i>
					<i>check 6746 (90.40 to be reimbursed) - Payroll Expense</i>
					<i>Contract Radiology Service</i>
					<i>Audit fee</i>
					<i>Online data</i>
					<i>Office supplies</i>
					<i>Statements</i>
					<i>Laboratory supplies - medical</i>
					<i>Plant Engineering supplies (FILTERS)</i>
					<i>Plant Engineering supplies</i>
					<i>Laboratory supplies (medical) - Leasing</i>
					<i>medical supplies</i>
					<i>medical supplies</i>
					<i>medical supplies</i>
					<i>Void</i>
					<i>medical supplies - Ambulance</i>
					<i>medical supplies</i>
					<i>copy machine - Admin</i>
					<i>Laboratory (contract service)</i>
					<i>Class Status Plus - Administration - Subscription Service</i>
					<i>medical records</i>
					<i>Utilities</i>
					<i>Laboratory medical supplies</i>
					<i>Sonogram - Contract</i>
					<i>medical supplies</i>
					<i>Pharmacy medical supplies</i>
					<i>Contract supplies (medical)</i>
					<i>Oxygen</i>
					<i>Advertising</i>
					<i>Radiology Supplies</i>
					<i>Continuing Education - Ed.</i>
					<i>Uniforms</i>
					<i>Medical Service</i>
					<i>trash pickup</i>
					<i>medical supplies</i>
					<i>Office supplies</i>
					<i>Medical service / Supplies</i>
					<i>Advertising</i>
					<i>Refund</i>
					<i>Refund</i>

RUN DATE:10/18/18  
TIME:08:27

CLAY COUNTY MEMORIAL HOSPITAL  
CHECK REGISTER  
10/22/18 THRU 10/22/18

PAGE 2  
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

FB 006785 10/22/18 71.00 HIGGINBOTHAM INSURANCE AGENCY  
TOTALS: 145,072.37

*Insurance - Notary Fee*

00066 BECKMAN COULTER INC  
 DEPT CH 10164, PALATINE, IL 60055-0164  
 CLAY COUNTY MEMORIAL HOSPITAL

REFERENCE	DATE	GROSS AMOUNT	DISCOUNT	DISCOUNT AMOUNT	NET PAYABLE
107309583	09/26/18	50,500.00			50,500.00
107335743	10/10/18	430.68			430.68
107338360	10/11/18	526.35			526.35
		<i>[Handwritten Signature]</i>			
CHECK NO.	6740 102218	51,457.03			51,457.03

CLAY COUNTY MEMORIAL HOSPITAL

REFERENCE	DATE	GROSS AMOUNT	DISCOUNT	DISCOUNT AMOUNT	NET PAYABLE
107309583	09/26/18	50,500.00			50,500.00
107335743	10/10/18	430.68			430.68
107338360	10/11/18	526.35			526.35
CHECK NO.	6740	51,457.03			51,457.03

THE TREASURER OF CLAY COUNTY STATE OF TEXAS  
 CLAY COUNTY MEMORIAL HOSPITAL  
 310 W. SOUTH ST. HENRIETTA, TEXAS 76365  
 VOID AFTER 90 DAYS

FIDELITY BANK

6740

88-2478  
1119

00066

DATE: 10/22/18 AMOUNT: \$51,457.03

Fifty-One Thousand Four Hundred Fifty-Seven Dollars and Three Cents

*[Handwritten Signature]*

PAY TO THE ORDER OF  
 BECKMAN COULTER INC  
 DEPT CH 10164  
 PALATINE, IL 60055-0164

⑈006740⑈ ⑆111924787⑆ 3021508⑈



250 South Kraemer Blvd  
P.O. Box 8000  
Brea CA 92822- 8000  
United States  
Tel: 800- 526- 3821  
FAX: 714- 223- 4100

FEIDN: 95- 1040600  
DUNS: 00- 825- 4708

INVOICE NO.: **107309583**

Page: 1 of 2  
Date: 2018/09/26

**INVOICE**

Order Number: 56201771  
Customer Number: 1034  
Customer Authority: Sheree Evangelista  
Authority Phone:  
Customer PO: 12041  
PO Date: 2018/08/29  
End User P.O.:  
Radioactive License:  
F.O.B.: CUSTOMER SITE  
Freight Terms: DO NOT ADD FREIGHT

CLAY COUNTY MEMORIAL HOSPITAL (9238)  
ATTN: Accounts Payable  
\* 310 W SOUTH ST  
HENRIETTA, TX 76365-3346

10/11/18

Ship To: CLAY COUNTY MEMORIAL HOSPITAL  
310 W SOUTH ST  
HENRIETTA TX 76365- 3346  
United States  
Attn: PO 12041

(9238)

Payment Terms: **Net due in 45 days**  
Due Date: **2018/11/10**  
Remit To: **Beckman Coulter, Inc.**  
**Dept. CH 10164**  
**PALATINE IL 60055- 0164**  
**United States**  
Wire: ABA # 043000261 Acct # 1044460

Item	Description	Part Number	Quantity Ordered	Quantity Shipped	Unit Price	Value	Tax Rate
					Discount %		
1.1	SALES GROUP TN,UNICEL DXH 600, 90-120VAC 50/60HZ Freight Terms: DO NOT ADD FREIGHT Contract: 64651US	B01795	1	1	50,500.00	50,500.00	0
	TN,DXH 600 HEMATOLOGY SYSTEM Serial Number: BB38783 Freight Terms: DO NOT ADD FREIGHT Shipped Via: SEKO (US) GROUND DEFERRED Waybill No: MED052663	B23858					
	DATA DISPLAY,19 INCHES LCD W/ TOUCHSCREEN, SPEAKERS, 100240VAC W/ STAND Freight Terms: DO NOT ADD FREIGHT Shipped Via: SEKO (US) GROUND DEFERRED Waybill No: MED052663	B37272					
	PWR SPLY;UPS;POWERVER 54144- 55GR, Rohs Freight Terms: DO NOT ADD FREIGHT Shipped Via: SEKO (US) GROUND DEFERRED Waybill No: MED052663	A46106					
	COMPUTER SYS,DXH USFF CONNECTIVITY STANDARD COMPUTER Freight Terms: DO NOT ADD FREIGHT Shipped Via: SEKO (US) GROUND DEFERRED Waybill No: MED052663	B84369					

If Customer files any cost reports or claims for reimbursement with federal or state health care programs, Customer shall fully and accurately disclose and claim the amount of any discount for any of the products sold hereto in the fiscal year in which the discount is earned or the following year, and otherwise strictly comply with any applicable federal or state statutes and regulations.

Go Paperless. Receive statements and invoices. Register at <https://eipp11.com/beckman>

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# BECKMAN COULTER

250 South Kraemer Blvd  
 P.O. Box 8000  
 Brea CA 92822- 8000  
 United States  
 Tel: 800- 526- 3821  
 FAX: 714- 223- 4100

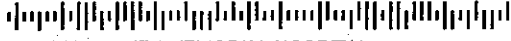
FEIDN: 95- 1040600  
 DUNS: 00- 825- 4708

INVOICE NO.: **107309583**


Page: 2 of 2  
 Date: 2018/09/26

## INVOICE

Order Number: 56201771  
 Customer Number: 1034  
 Customer Authority: Sheree Evangelista  
 Authority Phone:  
 Customer PO: 12041  
 PO Date: 2018/08/29  
 End User P.O.:  
 Radioactive License:  
 F.O.B.: CUSTOMER SITE  
 Freight Terms: DO NOT ADD FREIGHT

  
 CLAY COUNTY MEMORIAL HOSPITAL (9238)  
 ATTN: Accounts Payable  
 310 W SOUTH ST  
 HENRIETTA, TX 76365-3346

Item	Description	Part Number	Quantity Ordered	Quantity Shipped	Unit Price		Value	Tax Rate
					Discount %			
	SWRE KIT,UPGRADE, DXH 600 LATEST SOFTWARE RELEASE 1.3.1 (DVD- ROM) Freight Terms: DO NOT ADD FREIGHT Shipped Via: SEKO (US) GROUND DEFERRED Waybill No: MED052663  Thank you for your order. Phone Orders: 800- 526- 3821, option 1. Fax Orders: 800- 232- 3828 Purchase online at our eStore: <a href="http://www.beckmancoulter.com/eStore">www.beckmancoulter.com/eStore</a>	C20599						
Net Amount		Shipping & Handling	Insurance	Other Charges		Subtotal		
50,500.00		0.00		0.00		50,500.00		
If Customer files any cost reports or claims for reimbursement with federal or state health care programs, Customer shall fully and accurately disclose and claim the amount of any discount for any of the products sold hereto in the fiscal year in which the discount is earned or the following year, and otherwise strictly comply with any applicable federal or state statutes and regulations			Tax %	Tax Amount		Total Amount		
			.00	.00		USD 50,500.00		

 Go Paperless. Receive statements and invoices. Register at <https://eipp11.com/beckman>

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# Purchase Order

12041

**CLAY COUNTY MEMORIAL HOSPITAL**  
 310 WEST SOUTH STREET  
 HENRIETTA, TX 76365-3346  
 (940) 538-5621

DATE	REQUISITION NO.
8/29/18	

TO

Beckman Coulter

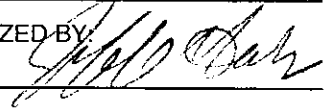
SHIP TO

CCMH Lab

REQUISITIONED BY	SHIP BY	SHIP VIA	F.O.B. POINT	TERMS

QTY. ORDERED	QTY. REC'D	STOCK NO./DESCRIPTION	UNIT PRICE	TOTAL
1		DXH 600 INSTRUMENT 90-120VAC 50/60 HZ	50,500 <sup>00</sup> / <sub>XX</sub>	50,500 <sup>00</sup> / <sub>XX</sub>
				50,500 00

- Please send \_\_\_\_\_ copies of your invoice.
- Order is to be entered in accordance with prices, delivery and specifications shown above.
- Notify us immediately if you are unable to ship as specified.
- Our order number must appear on all invoices, packages and correspondence.

AUTHORIZED BY: 

**LEGAL NOTICE**

Clay County Memorial Hospital will accept bids for purchase of Hematology Cell Counter.

For further information regarding bid package, please contact Linda Burleson, Clay County Memorial Hospital: (940) 235-1201.

All bids must be submitted to the Clay County Memorial Hospital, 310 W. South, Henrietta, Texas, 76365, by 9:30 a.m. on August 20, 2018.

Clay County Memorial Hospital reserves the right to accept or reject any or all bids.

Initial Agreement Term: 60 months  
GPO Affiliation: PREMIER  
GPO Contract: PP-LA-426

BCI Customer No: 1034  
GPO Pricing Tier: 4

Quote No: 2018-719928395

**I. PRODUCTS AND SERVICES**

**EQUIPMENT**

We will provide the "Equipment" listed in the table below.

Part #	Equipment Description	Type	Acquisition Option	Qty	List Price	Your Price	Net Price*	Monthly
B01795	SALES GROUP TN, UNICEL DXH 600, 90-120VAC 50/60HZ	New	Purchase	1	\$209,000.00	\$50,500.00	\$50,500.00	N/A

\*Includes Trade-Ins and Returns

Description	Type	Item #	Serial #	Contract #	Value	Total
Act5Diff	Trade-In	175356	AJ08050		-\$12,500.00	Included

Total Purchase Price (including Trade-Ins/Returns) **\$50,500.00**

**SERVICES**

We will provide the "Services" listed below. You may purchase such "Services", either by paying the annual price indicated or by paying the Total Monthly Service Payment under this Agreement for each month of the Term.

**Monthly Service Payment per Equipment Quantity**

Description	Service Type	Payment Start Month	Year 1	Year 2	Year 3	Year 4	Year 5
AP Unicel DxH 600 Service Contract	8x5	1	Warranty	\$7,500.00	\$7,500.00	\$7,500.00	\$7,500.00

Total Monthly Service Payment \$500.00

Total Service Payment \$30,000.00

Annual Service Contract Price **\$7,500.00**

The amount shown above under the particular year column for the applicable service contract is the annual such service contract. The monthly service payment price may be based on the term of the Agreement.





250 South Kraemer  
Boulevard  
P.O. Box 8000  
Brea, California 92821-8000

**AGREEMENT**

Initial Agreement Term: 60 months

BCI Customer No: 1034

Quote No: 2018-719928395

GPO Affiliation: PREMIER

GPO Contract: PP-LA-426

GPO Pricing Tier: 4

**CONSUMABLES**

We will provide the "Consumables" listed below. During each year of the Term, the minimum amount of "Consumables" at the price per unit listed below will be purchased by you, which is your "Minimum Annual Commitment" for Consumables.

Part #	Consumable Description	Qty per Year	List Price per Unit	Your Price per Unit	Annual Dollar Amount
628019	FP,DXH CELL LYSE,5L	6	\$533.33	\$259.56	\$1,557.36
628020	FP,DXH DIFF PACK	6	\$222.22	\$108.15	\$648.90
628023	FP,DXH CLEANER, 10L	19	\$195.75	\$57.68	\$1,095.92
628026	FP,S CAL CALIBRATOR	2	\$125.93	\$65.38	\$130.76
628027	FP,6C CELL CONTROL 12X	12	\$540.74	\$280.71	\$3,368.52
628024	FP,LATRON CONTROL	12	\$288.89	\$149.97	\$1,799.64
628017	FP,DXH DILUENT,10L	38	\$27.78	\$10.82	\$411.16

Minimum Annual Commitment \$9,012.26

**TRAINING**

As part of the price for certain Equipment listed under this Agreement, Beckman Coulter will provide you with customer training as specified below. At least one key operator from your staff must attend the specified training within sixty (60) days from the Effective Date or as soon thereafter as possible if Beckman Coulter does not have available training slots during this sixty (60) day period. If Beckman Coulter determines that additional training is necessary during the term of this Agreement, Beckman Coulter will provide the training at Beckman Coulter's convenience. Factory-based training includes tuition, airfare, appropriate course materials, which may be in electronic media, reasonable lodging and meals. You must pay all incidental, optional, and personal expenses. All persons you designate for the training must have sufficient qualifications and expertise to operate the Equipment.

Description	Qty	Included Training Slots per Instrument	Additional Training Slots per Instrument	Location of Training	Additional Training Price per Instrument
SALES GROUP TN,UNICEL DXH 600, 90-120VAC 50/60HZ	1	1	N/A	Factory Based	N/A

Proposal Date: 2018-07-17  
Offer Expiration Date: 2018-12-28

CONFIDENTIAL

Page 4  
Quote #: 2018-719928395



250 South Kraemer  
Boulevard  
P.O. Box 8000  
Brea, California 92821-8000

**AGREEMENT**

Initial Agreement Term: 60 months

BCI Customer No: 1034

Quote No: 2018-719928395

GPO Affiliation: PREMIER

GPO Contract: PP-LA-426

GPO Pricing Tier: 4

**ANCILLARIES**

The equipment price includes a credit towards your interface costs as seen below. BCI will apply a credit to your account after receiving the invoice showing the interface charges applicable to the equipment. As a prerequisite to reimbursement, Customer will deliver to BCI a copy of the invoice for the cost of the interfaces and reasonably satisfactory evidence of Customer's actual payment of such costs.

Description	Qty	Freight	LIS	Water	UPS	Sonicator
SALES GROUP TN, UNICEL DXH 600, 90-120VAC 50/60HZ	1	Included	Included up to \$1,500.00	N/A	N/A	N/A

In case freight is included, equipment will be shipped F.O.B. destination with all costs of transportation and insurance being paid by Beckman Coulter as long as the Equipment is shipped using Beckman Coulter's standard shipping schedule and method.

**EXISTING CONTRACT**

This Agreement cancels and supersedes contract no(s) listed below ("Prior Agreement") as of the Acceptance Date.

<b>Contract No</b>
61055US

Proposal Date: 2018-07-17  
Offer Expiration Date: 2018-12-28

CONFIDENTIAL

Page 5  
Quote #: 2018-719928395



250 South Kraemer Blvd  
P.O. Box 8000  
Brea CA 92822- 8000  
United States  
Tel: 800- 526- 3821  
FAX: 714- 223- 4100

FEIDN: 95- 1040600  
DUNS: 00- 825- 4708

INVOICE NO.: **107335743**

Page: 1 of 1  
Date: 2018/10/10

**INVOICE**

Order Number: 56289022  
Customer Number: 1034  
Customer Authority: Sheree Evangelista  
Authority Phone:  
Customer PO: 12032  
PO Date: 2018/08/30  
End User P.O.:  
Radioactive License:  
F.O.B.: CUSTOMER SITE  
Freight Terms: DO NOT ADD FREIGHT

CLAY COUNTY MEMORIAL HOSPITAL (9238)  
ATTN: Accounts Payable  
310 W SOUTH ST  
HENRIETTA, TX 76365-3346

Ship To: CLAY COUNTY MEMORIAL HOSPITAL  
310 W SOUTH ST  
HENRIETTA TX 76365- 3346  
United States  
Attn: PO 12032

**Payment Terms: Net due in 45 days**  
**Due Date: 2018/11/24**  
**Remit To: Beckman Coulter, Inc.**  
**Dept. CH 10164**  
**PALATINE IL 60055- 0164**  
**United States**  
**Wire: ABA # 043000261 Acct # 1044460**

*Handwritten signature and initials*

Item	Description	Part Number	Quantity Ordered	Quantity Shipped	Unit Price	Value	Tax Rate
					Discount %		
5.1	FP,6C CELL CONTROL 12X Lot No. 4212960K Expiry Date 2018- 11- 24 Freight Terms: DO NOT ADD FREIGHT Contract: 64651US Shipped Via: UPS (US) 2 DAY Waybill No: 1Z3474980201203357	628027	1	1	280.71	280.71	0
6.1	FP,LATRON CONTROL Lot No. 4011400F Expiry Date 2019- 09- 07 Freight Terms: DO NOT ADD FREIGHT Contract: 64651US Shipped Via: UPS (US) 2 DAY Waybill No: 1Z3474980201203393	628024	1	1	149.97	149.97	0
<p>Thank you for your order.  Phone Orders: 800- 526- 3821, option 1.  Fax Orders: 800- 232- 3828  Purchase online at our eStore: <a href="http://www.beckmancoulter.com/eStore">www.beckmancoulter.com/eStore</a></p>							
Net Amount		Shipping & Handling	Insurance	Other Charges		Subtotal	
430.68		0.00		0.00		430.68	
Tax %			Tax Amount		Total Amount		
.00			.00		USD 430.68		

Go Paperless. Receive statements and invoices. Register at <https://eipp11.com/beckman>

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**TERMS AND CONDITIONS OF SALE**

Beckman Coulter warrants that the goods manufactured by Beckman Coulter and supplied to Buyer are free from defects in material and workmanship at the time of shipment. Buyer shall be responsible for inspecting the goods upon receipt and for notifying Beckman Coulter of any defects within the time specified in the warranty. If a defect is discovered after the expiration of the warranty, Beckman Coulter shall not be liable for repair or replacement of the goods. This warranty shall be void if the goods are used for purposes other than those intended by Beckman Coulter.

Beckman Coulter warrants that the goods manufactured by Beckman Coulter and supplied to Buyer are free from defects in material and workmanship at the time of shipment. Buyer shall be responsible for inspecting the goods upon receipt and for notifying Beckman Coulter of any defects within the time specified in the warranty. If a defect is discovered after the expiration of the warranty, Beckman Coulter shall not be liable for repair or replacement of the goods. This warranty shall be void if the goods are used for purposes other than those intended by Beckman Coulter.

# Purchase Order

1203

**COUNTY MEMORIAL HOSPITAL**  
 310 WEST SOUTH STREET  
 HENRIETTA, TX 76365-3346  
 (940) 538-5621

DATE	REQUISITION NO.
8/30/18	

TO

Beckman Coulter

SHIP TO

CCMH Lab

REQUISITIONED BY	SHIP BY	SHIP VIA	F.O.B. POINT	TERMS

QTY. ORDERED	QTY. REC'D	STOCK NO./DESCRIPTION	UNIT PRICE		TOTAL	
6		628019 FP, DXH CELL LYSE, 5L	259	56	1,557	36
6		628020 FP, DXH DIFF PACK	108	15	648	90
19		628023 FP, DXH CLEANER, 10L	57	68	1095	92
2		628026 FP, 5 CAL CALIBRATOR	65	38	130	76
12		628027 FP, CELL CONTROL 12X	280	71	3,368	52
12		628024 FP, LATRON CONTROL	149	97	1,799	64
38		628017 FP, DXH DILUENT, 10L	10	82	411	16
		BILL AS SHIPPED			9012	26

- Please send \_\_\_\_\_ copies of your invoice.
- Order is to be entered in accordance with prices, delivery and specifications shown above.
- Notify us immediately if you are unable to ship as specified.
- Our order number must appear on all invoices, packages and correspondence.

STANDING ORDER FOR  
 2018 - 2019

AUTHORIZED BY: *[Signature]*



250 South Kraemer Blvd  
 P.O. Box 8000  
 Brea CA 92822- 8000  
 United States  
 Tel: 800- 526- 3821  
 FAX: 714- 223- 4100

FEIDN: 95- 1040600  
 DUNS: 00- 825- 4708

INVOICE NO.: 107338360

Page: 1 of 2  
 Date: 2018/10/11

**INVOICE**

Order Number: 56289022  
 Customer Number: 1034  
 Customer Authority: Sheree Evangelista  
 Authority Phone:  
 Customer PO: 12032  
 PO Date: 2018/08/30  
 End User P.O.:  
 Radioactive License:  
 F.O.B.: CUSTOMER SITE  
 Freight Terms: DO NOT ADD FREIGHT

CLAY COUNTY MEMORIAL HOSPITAL (9238)  
 ATTN: Accounts Payable  
 \* 310 W SOUTH ST  
 HENRIETTA, TX 76365-3346

Ship To: CLAY COUNTY MEMORIAL HOSPITAL (9238)  
 310 W SOUTH ST  
 HENRIETTA TX 76365- 3346  
 United States  
 Attn: PO 12032

Payment Terms: Net due in 45 days  
 Due Date: 2018/11/25  
 Remit To: Beckman Coulter, Inc.  
 Dept. CH 10164  
 PALATINE IL 60055- 0164  
 United States  
 Wire: ABA # 043000261 Acct # 1044460

Item	Description	Part Number	Quantity Ordered	Quantity Shipped	Unit Price	Value	Tax Rate
					Discount %		
1.1	FP,DXH DILUENT,10L Lot No. 3523330 Expiry Date 2020- 03- 07 Freight Terms: DO NOT ADD FREIGHT Contract: 64651US Shipped Via: UPS (US) GROUND Waybill No: 1Z5R91W80334037015	628017	4	4	10.82	43.28	0
2.1	FP,DXH CELL LYSE,5L Lot No. 8708001 Expiry Date 2020- 02- 02 Freight Terms: DO NOT ADD FREIGHT Contract: 64651US Shipped Via: UPS (US) GROUND Waybill No: 1Z5R91W80334037015	628019	1	1	259.56	259.56	0
3.1	FP,DXH DIFF PACK Lot No. 3611060 Expiry Date 2019- 04- 19 Freight Terms: DO NOT ADD FREIGHT Contract: 64651US Shipped Via: UPS (US) GROUND Waybill No: 1Z5R91W80334037015	628020	1	1	108.15	108.15	0
4.1	FP,DXH CLEANER, 10L Lot No. 3912390 Expiry Date 2019- 08- 06 Lot No. 3912400 Expiry Date 2019- 09- 10 Freight Terms: DO NOT ADD FREIGHT Contract: 64651US Shipped Via: UPS (US) GROUND Waybill No: 1Z5R91W80334037015	628023	2	2	57.68	115.36	0

If Customer files any cost reports or claims for reimbursement with federal or state health care programs, Customer shall fully and accurately disclose and claim the amount of any discount for any of the products sold hereto in the fiscal year in which the discount is earned or the following year, and otherwise strictly comply with any applicable federal or state statutes and regulations.  
 Go Paperless. Receive statements and invoices. Register at <https://eipp11.com/beckman>

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BE AWARE  
 OF WARRANTIES  
 MAN...

# BECKMAN COULTER

250 South Kraemer Blvd  
 P.O. Box 8000  
 Brea CA 92822- 8000  
 United States  
 Tel: 800- 526- 3821  
 FAX: 714- 223- 4100

FEIDN: 95- 1040600  
 DUNS: 00- 825- 4708

INVOICE NO.: **107338360**


Page: 2 of 2  
 Date: 2018/10/11

## INVOICE

Order Number: 56289022  
 Customer Number: 1034  
 Customer Authority: Sheree Evangelista  
 Authority Phone:  
 Customer PO: 12032  
 PO Date: 2018/08/30  
 End User P.O.:  
 Radioactive License:  
 F.O.B.: CUSTOMER SITE  
 Freight Terms: DO NOT ADD FREIGHT

  
 CLAY COUNTY MEMORIAL HOSPITAL (9238)  
 ATTN: Accounts Payable  
 310 W SOUTH ST  
 HENRIETTA, TX 76365-3346

Item	Description	Part Number	Quantity Ordered	Quantity Shipped	Unit Price		Value	Tax Rate
						Discount %		
<p>Thank you for your order.            Phone Orders: 800- 526- 3821, option 1.            Fax Orders: 800- 232- 3828            Purchase online at our eStore: <a href="http://www.beckmancoulter.com/eStore">www.beckmancoulter.com/eStore</a></p>								
Net Amount		Shipping & Handling	Insurance	Other Charges		Subtotal		
526.35		0.00		0.00		526.35		
If Customer files any cost reports or claims for reimbursement with federal or state health care programs, Customer shall fully and accurately disclose and claim the amount of any discount for any of the products sold hereto in the fiscal year in which the discount is earned or the following year, and otherwise strictly comply with any applicable federal or state statutes and regulations.			Tax %	Tax Amount		Total Amount		
			.00	.00		USD 526.35		


 Go Paperless. Receive statements and invoices. Register at <https://eipp11.com/beckman>

**ORIGINAL**

PRINTER()

US- SA

# Purchase Order

1203

CLAY COUNTY MEMORIAL HOSPITAL  
 310 WEST SOUTH STREET  
 HENRIETTA, TX 76365-3346  
 (940) 538-5621

DATE	REQUISITION NO.
8/30/18	

TO

SHIP TO

Beckman Coulter

CCMH Lab

REQUISITIONED BY	SHIP BY	SHIP VIA	F.O.B. POINT	TERMS

QTY. ORDERED	QTY. REC'D	STOCK NO./DESCRIPTION	UNIT PRICE		TOTAL	
6		628019 FP, DXH CELL LYSE, 5L	259	56	1,557	30
6		628020 FP, DXH DIFF PACK	108	15	648	90
19		628023 FP, DXH CLEANER, 10L	57	68	1095	90
2		628026 FP, S CAL CALIBRATION	65	32	130	70
12		628027 FP, CELL CONTROL 12X	250	71	3,368	52
12		628024 FP, LATRON CONTROL	149	97	1,799	64
38		628017 FP, DXH DILUENT, 10L	10	82	411	16
		BILL AS SHIPPED			9012	2

1. Please send \_\_\_\_\_ copies of your invoice.
2. Order is to be entered in accordance with prices, delivery and specifications shown above.
3. Notify us immediately if you are unable to ship as specified.
4. Our order number must appear on all invoices, packages and correspondence.

STANDING ORDER FY12  
 2018 - 2019

AUTHORIZED BY:

*[Signature]*