

McKESSON

McKesson Medical-Surgical
Government Solutions LLC
9954 Mayland Drive Suite 5176
Henrico, VA 23233
Bill To: 58788909

Invoice

Page 1 of 1

MMSE1DPD01

Shipped From:
MCKESSON MEDICAL-SURGICAL INC(NORTHBORGH)
55 LYMAN STREET, SUITE 1
NORTHBOROUGH, MA 01532
SHIPPED FROM LICENSE: WD462CS

CITY OF SOMERVILLE HEALTH DEPARTMENT
50 EVERGREEN AVE
SOMERVILLE MA 02145-2819

Shipped To: 58788910
CITY OF SOMERVILLE HEALTH DEPARTMENT
ATTN CITY HALL ANNEX
50 EVERGREEN AVE
SOMERVILLE MA 02145-2819
REGULATORY LICENSE: 203832

TIN: 20-2046702
DUNS: 05-142-0107

Payment / Account Balance Inquires: 1-800-453-5180
Customer Service: 1-833-343-2700

Sales Order Number	7064799	Invoice Number	21252712
Sales Order Date	10/17/2023	Invoice Date	10/21/2023
PO Number	20242581	Payment Due Date	11/20/2023
Sales Rep Name	MUHAMMAD, IBRAHIM	Invoice Amount	\$147.86

Notes: By doing business with McKesson, Customer acknowledges that it is familiar with McKesson's Terms of Sale and is responsible for reviewing in full the complete Terms of Sale that apply to this purchase, located at <https://mms.mckesson.com/content/terms-of-sale-government-solutions>. McKesson's acceptance of Customer's order was expressly conditioned upon Customer's assent to the complete Terms of Sale.

Please consider paying online or setting up Autopay at pay.mms.mckesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
1210019	Vendor: UNDSTR Vend Cat#: GRR-700S0025	BIG HEALTHY SNACK BOX, 61 ASSO PO LN 5	1	EA	1	147.86	147.86	.00	
			MMS PO#	33139288					

SUB TOTAL	FREIGHT	TAX	AMOUNT
\$147.86	\$0.00	\$0.00	\$147.86

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

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CITY OF SOMERVILLE HEALTH DEPARTMENT
50 EVERGREEN AVE
SOMERVILLE MA 02145-2819

Account Number	58788909	Date	10/21/2023
Document Number	21252712	Terms	AR NET 30 DAYS
Pay This Amount Before	11/20/2023	\$147.86	

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