## **M**CKESSON

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

Bill To: 58788909

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

## Invoice

Page 1 of 1

Shipped From:

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

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

 DUNS:
 05-142-0107
 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 <a href="https://mms.mckesson.com/content/terms-of-sale-government-solutions.">https://mms.mckesson.com/content/terms-of-sale-government-solutions.</a> 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	Vendor /					Unit		Sales C	odes
Number	Vendor Cat #	Description	Ordered	Unit	Shipped	Price	Amount	Tax	(*)
1210019 V	Vendor: UNDSTR end Cat#: GRR-700S0	BIG HEALTHY SNACK BOX, 025 PO L		1 EA	1	147.86	147.86	.00	
			MMS PO#	3313928	8				

 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.

## **M**SKESSON

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

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

MMSE1DPD01

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

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

Please Remit To:

MCKESSON MEDICAL - SURGICAL PO BOX 936279 ATLANTA GA 31193-6279