## mooremedical INVOICE

Supporting Health & Care

01252

PO Box 4066 Farmington, CT 06032-4066 www.mooremedical.com 800-234-1464

Ord

Ship

| 1210=370 John Downey Drive, New Britain, CT. 06051                    |
|---|
| 1270=8100 Westside Industrial Drive, Bldg 4, Jacksonville, Fla. 32219 |
| 1250=7950 West Doe Avenue, Visalia, CA. 93291                         |
| 1220-405 Woodcreek Drive Rolingbrook II 60440                         |

| Invoice #            | Invoice Total         | Invoice Date         |
|----------------------|-----------------------|----------------------|
| 96144563 RI          | 275.00                | 03/18/10             |
| Customer#<br>2075100 | Customer PO#<br>43783 | Order #<br>631828    |
| Order Date 02/17/10  | Due Date<br>04/17/10  | Terms<br>NET 30 DAYS |

Ship To: 21356100 Missouri City Annex Clinical Health Svcs Suite 148 307 Texax Pkwy

**MISSOURI CITY TX 77489** 

**#BWNNFWW** #020 7510 09# Fort Bend County Auditor ATTN: Christina Torres 301 Jackson St RICHMOND TX 77469-3108

43783 R + 103308

UM Description

9614456302075100000275007

Price

TShip

Disc.

Send Payment To: Moore Medical, LLC PO Box 99718 Chicago, IL 60696

Please Detach Here And Return With Your Remittance Itm Qty Qty Unit Extension

| 81473 EA R   | oll-By 1150 Mobile A<br>EA 1  | neroid DS          | 1 1              | MP               |           | 275.0000<br>Per EA       | 275.00         |          | 1210 |  |  |  |  |
|--|---|--------------------|------------------|------------------|-----------|--------------------------|----------------|----------|------|--|--|--|--|
| \$10.00 drop   | pped directly from t<br>ship charge & freigh<br>d includes \$ 21.00 d | t applies.         |                  |                  |           |                          |                |          |      |  |  |  |  |
|  |   |                    |                  |                  |           |                          |                |          |      |  |  |  |  |
|  |   |                    |                  | a                |           |                          |                |          |      |  |  |  |  |
|  |   |                    |                  | 3777 €           |           |                          |                |          |      |  |  |  |  |
|  |   |                    | MAR              | 2 5 <b>2</b> 010 |           |                          |                |          |      |  |  |  |  |
|  |   |                    | COUNTY           | AUDITO           | )R        |                          |                |          |      |  |  |  |  |
| 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 in the included prices upon request.  Bill To Invoice # Invoice Total Subtotal 275.00 |   |                    |                  |                  |           |                          |                |          |      |  |  |  |  |
| 2075100  | 96144563 RI   |                    | 75.00            |                  |           | Subtotal<br>Handling Cha |                |          | - 1  |  |  |  |  |
| Ship To  | Invoice Date  | Custome            | er PO#           | Order #          | S         | hipOnIce/Ha              | zmat           | 00<br>00 |      |  |  |  |  |
| 21356100   | 03/18/10  | 43783              |                  | 631828           |           | reight                   |                | 00       |      |  |  |  |  |
| ADD 4  | 4 2010  |                    |                  |                  |           | ax                       |                | 00       |      |  |  |  |  |
| APR 1  | 4 2010  |                    |                  |                  |           | Restock Fee              |                | 00       |      |  |  |  |  |
| Item Status Key:   | KS  |                    |                  |                  | F         | Tuel surcharge           | e .            | 00       |      |  |  |  |  |
| B-Backordered; I<br>I-Promotion<br>M-Manufacturer  | on 7 will ship item directly  | This Invoice You l | 4.00 T           | Total Lary       | 275.      | 00                       |                |          |      |  |  |  |  |
| P-Special price  | Entrantistic tot€   | Late Paymen        | ts are subject t | 0 a 1.5% fir     | nance cha | rge M                    | oore DEA# PP00 | 40167    |      |  |  |  |  |