

# INVOICE TRANSMITTAL

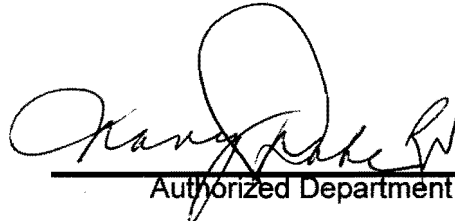
<b>Accounting Unit (9 digit)</b> 100630999
<b>Account (5 digit)</b> 63100
<b>Grants &amp; Projects (If needed)</b>
<b>Activity</b> G630-13TBFED
<b>Account Category</b> 22500

<b>Vendor #</b> 10425		
<b>Vendor Name</b> Moore Medical Supply Company		
<b>Address</b> P. O. Box 99718		
<b>City</b> Chicago, IL. 60696		
<b>State</b>	<b>Zip Code</b>	<b>Date</b>

<b>Invoice #/Invoice Date/Desc</b> 97072834 I
P. O. 95209 was initially cancelled.
P.O. was issued to another vendor, but
both orders were received.

<b>Amount</b>	622.75
<b>Total</b>	622.75

<b>County Auditor's Use Only</b>	
CC Approval Date	_____
Check Type	_____
Audited By	_____
Received	
Paid	

  
 \_\_\_\_\_  
 Authorized Department Approval

Treasurer's Register Stamp and Number

**mooremedical**

Supporting Health &amp; Care

**Corporate Office**

1690 New Britain Avenue  
PO Box 4066  
Farmington, CT 06032-4066  
800.234.1464 | www.mooremedical.com

**INVOICE**

Invoice # 970728341	Invoice Amount Due \$ 622.75	Invoice Date 12/28/11
Bill to Customer # 2075100	Customer PO # 85209	Order # 15849138
Ship Date 12/28/11	Due Date 01/27/12	Terms NET 30 DAYS

PAGE 1 of 2

Fort Bend County Auditor  
ATTN: Accounts Payable Dept.  
301 Jackson St  
RICHMOND TX 77469-3108

**Ship To: 21386853**

Health Dept-Miss City Annex  
Danita Canty  
307 Texas Parkway Suite 235  
MISSOURI CITY TX 77459

CA - 7950 West Doe Avenue, Visalia, CA 93291  
CT - 370 John Downey Drive, New Britain, CT 06051  
FL - 8100 Westside Ind'l Dr, Bldg 4, Jacksonville, FL 32219  
IL - 495 Woodcreek Drive, Bolingbrook, IL 60440  
Florida drug wholesaler license #: 221477

SAMSELEB

Item #	Item Description	Order Qty	Ship Qty	B/O Qty	\$ Unit Price	U/M	\$ Extended	\$ Sales Tax	Ship From
65694	Respirator Particulate Sml1860S	10	10		24.00	EA	240.00	.00	FL
52315	Respirator N95 3M-1860	10	10		24.00	EA	240.00	.00	FL

This 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 service 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.

For any inquiries about your payments and balances, call 800.234.1464, and select option 3, 8:00am - 8:00pm ET Monday-Friday, or log in at www.mooremedical.com and view your options under the "My Account" tab.

Late payments are subject to 1.5% finance charge.

For your convenience, Moore Medical accepts MasterCard, VISA and American Express.

Subtotal	\$	480.00
Tax	\$	.00
Handling	\$	.00
Ship Ice/Haz	\$	.00
Freight	\$	141.80
Fuel Surcharge	\$	.95

Total	\$	622.75
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Balance Due	\$	622.75
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Please detach here and return with your remittance

Moore DEA# RM0316693

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**Send Payments To:**

Fort Bend County Auditor  
ATTN: Accounts Payable Dept.  
301 Jackson St  
RICHMOND TX 77469-3108

Moore Medical LLC  
PO Box 99718  
Chicago, IL 60696

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