

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)		503(b)(9) ADMINISTRATIVE EXPENSE CLAIM
In re: <i>Curae Health, Inc., et al</i> Debtor.	Chapter 11 Case No. <i>18-05665</i>	ADMINISTRATIVE BAR DATE: January 21, 2019
NOTE: This form should be used only by claimants asserting an administrative expense claim arising under 11 U.S.C. § 503(b)(9). This form should not be used for any other types of claim.		
Name of creditor: (The person or other entity to whom the debtor owed money or property.) <i>Fisher Scientific Co., LLC</i>	Name of debtor: (The entity owing money or property) <input checked="" type="checkbox"/> Curae Health, Inc. <input type="checkbox"/> Amory Regional Medical Center, Inc. <input type="checkbox"/> Batesville Regional Medical Center, Inc. <input type="checkbox"/> Clarksdale Regional Medical Center, Inc. <input type="checkbox"/> Amory Regional Physicians, LLC <input type="checkbox"/> Batesville Regional Physicians, LLC <input type="checkbox"/> Clarksdale Regional Physicians, LLC	FILED JAN 17 2019 U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN THIS SPACE IS FOR COURT USE ONLY
Name and addresses where notices should be sent: <i>300 Industry Dr.</i> <i>P. H. Burg, PA</i> <i>15275</i>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if your address differs from the address on the envelope sent to you by the court.	
Telephone number: <i>724 517 2372</i> Email: <i>GARY.BARNES@THERNOFISHER.COM</i>		
Last four digits of account or other number by which creditor identifies debtor: <i>0869</i>	<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Claim number (if known): _____ Filed on: _____	
1. Basis for claim: <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Other (describe briefly)	2. Date debt was incurred: <i>8/4/18 — 8/24/18</i>	
3. Date goods were received by debtor: <i>8/5/18 — 8/25/18</i>		
4. Total amount of claim as of the date the debt was incurred: <i>23,687.39</i>		

☐ Check this box if the request includes interest or other charges in addition to the principal amount of the request. Attach itemized statement of all interest or additional charges.

5. Brief description of claim (attach any additional information):

Type(s) of goods received by debtor within twenty (20) days before the August 24, 2018 petition date:

Shipment date of goods: *8/6/18 — 8/22/18*

Place of delivery of goods: *'Ship-to' on each attached Invoice indicates*

Method of delivery of goods: *" " " "*

Name of carrier of goods:

Value of goods: *All pertinent invoices attached.*

Whether the value of goods listed in this claim relates to services and goods: *Goods Delivered*

The percentage of value related to services and the percentage of value related to goods: *100% Goods*

Whether claimant has filed any other claim against debtor relating to goods underlying this claim: *no, pre-Adrian*

CLAIM AMOUNT \$100 Separately.
Attach supporting materials required by field 8 and instructions below.

6. Credits, setoffs, and counterclaims:

All payments made on this claim by the debtor have been credited and deducted from the amount claimed hereon.

☐ This claim is subject to setoff or counterclaim as follows:

7. Assignment:

☐ Check this box if claimant has obtained this claim by assignment and attached a copy of assignment.

8. Supporting documents: Attach redacted copies of supporting documents, such as promissory notes, purchaser orders, invoices, itemized statements of running accounts, or contracts.

All proofs of claim for 503(b)(9) claims must be accompanied by copies of: (i) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (ii) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (iii) documents demonstrating the date the goods were actually received by the debtor.

Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.

Do not send original documents. Attached documents may be destroyed after scanning. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-stamped copy: To receive an acknowledgement of the filing of your claim, submit a copy of your proof of claim in a self-addressed, stamped return envelope along with your original claim.

10. Signature:

Check the appropriate box.

☒ I am the creditor.

☐ I am the creditor's authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent (see Bankruptcy Rule 3004).

☐ I am a guarantor, surety, indorser, or other codebtor (see Bankruptcy Rule 3005).

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print name: Gary R. Barnes
Title: Area Manager
Company: Tubero Fisher Scientific
Address and telephone number (if different from notice address above): _____
(Signature) _____ (Date) 1/15/2019

Telephone number: _____ Email: _____

Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Definitions.

503(b)(9) Claim.

A 503(b)(9) claim is a claim entitled to treatment in accordance with 11 U.S.C. § 503(b)(9). Specifically, 503(b)(9) claims are those claims for the "value of any goods received by the debtor, within 20 days before the date of commencement of a case under this title in which the goods have been sold to the debtor in the ordinary course of such debtor's business."

503(b)(9) Bar Date.

By order of the United States Bankruptcy Court for the Middle District of Tennessee (Nashville Division), all claimants asserting 503(b)(9) claims must be filed electronically using the Court's CM/ECF by January 21, 2019.

Claim.

A claim is the creditor's right to receive payment for a debt owed by the debtor as defined in 11 U.S.C. § 101(5).

Creditor.

A creditor is a person, corporation, or other entity to whom the debtor owes a debt.

Debtor.

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Proof of Claim.

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor. The creditor must file the form with the claims agent retained in this case as provided below.

Redacted.


A document has been redacted when the person filing it has masked, edited out, or otherwise deleted certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information.

General instructions and filing instructions.

1. Please read this proof of claim form carefully and fill it in completely and accurately.
2. Print legibly. Your claim may be disallowed if it cannot be read or understood.
3. The proof of claim form must be completed in English. The amount of the claim must be denominated in United States currency.
4. Attach additional pages if more space is required to complete the proof of claim.

Customer Number	Customer Name	Balance	Invoice Number	Purchase Order	Invoice Date	Order Number
036329	TRI-LAKES MEDICAL CENTER	456.23	4816812	00703	08/06/18	U82189577
036329	TRI-LAKES MEDICAL CENTER	230.64	5099525	00713	08/08/18	U82205365
036329	TRI-LAKES MEDICAL CENTER	184.80	5259296	00669	08/09/18	U82128136
036329	TRI-LAKES MEDICAL CENTER	141.44	5394255	00723	08/10/18	U82217899
036329	TRI-LAKES MEDICAL CENTER	1,543.83	5524563	00733	08/13/18	D82222651
036329	TRI-LAKES MEDICAL CENTER	24.80	5713497	00733	08/14/18	D82222651
036329	TRI-LAKES MEDICAL CENTER	376.93	5713509	00683	08/14/18	U82144043
036329	TRI-LAKES MEDICAL CENTER	38.32	6577241	00749	08/15/18	U82266179
036329	TRI-LAKES MEDICAL CENTER	577.58	7708842	00758	08/17/18	A82285301
036329	TRI-LAKES MEDICAL CENTER	4.72	8390412	00733	08/20/18	D82222651
036329	TRI-LAKES MEDICAL CENTER	191.64	8390416	00777	08/20/18	U82326801
036329	TRI-LAKES MEDICAL CENTER	110.36	9403295	00782	08/22/18	U82330514
036329	TRI-LAKES MEDICAL CENTER	1,021.73	9403296	00790	08/22/18	U82343113
450751	GILMORE MEM REGIONAL MED	134.93	4861488	01719	08/06/18	H82144439
450751	GILMORE MEM REGIONAL MED	272.94	4861489	01738	08/06/18	H82158023
450751	GILMORE MEM REGIONAL MED	1,425.79	5171877	01770	08/08/18	U82180756
450751	GILMORE MEM REGIONAL MED	46.46	5171878	01795	08/08/18	U82193609
450751	GILMORE MEM REGIONAL MED	22.04	5325606	01770	08/09/18	U82180756
450751	GILMORE MEM REGIONAL MED	277.00	5596901	01822	08/13/18	U82219006
450751	GILMORE MEM REGIONAL MED	225.80	8671776	01908	08/20/18	H82296532
450751	GILMORE MEM REGIONAL MED	4,280.16	9591929	01937	08/22/18	U82330956
600869	NORTHWEST MISSISSIPPI REC	57.37	5470471	7496782938	08/10/18	U82204356
600869	NORTHWEST MISSISSIPPI REC	4,294.16	5616451	7496785676	08/13/18	H82250348
600869	NORTHWEST MISSISSIPPI REC	3,766.14	5616453	7496783993	08/13/18	U82218167
600869	NORTHWEST MISSISSIPPI REC	1,991.25	6268659	7496785673	08/14/18	U82253912
600869	NORTHWEST MISSISSIPPI REC	483.48	6268663	7496786319	08/14/18	U82266021
600869	NORTHWEST MISSISSIPPI REC	32.21	6894626	7496783993	08/15/18	U82218167
600869	NORTHWEST MISSISSIPPI REC	867.29	6894632	7496787382	08/15/18	U82279591
600869	NORTHWEST MISSISSIPPI REC	65.81	7332069	7496785673	08/16/18	U82253912
600869	NORTHWEST MISSISSIPPI REC	25.50	8146581	7496765737	08/17/18	D82283148
600869	NORTHWEST MISSISSIPPI REC	144.72	9227017	7496789977	08/21/18	U82339413
600869	NORTHWEST MISSISSIPPI REC	371.32	9630551	7496790327	08/22/18	U82330949

23,687.39

 Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>	CMS 0363290001 REMIT TO: ACCT# 036329-001 P.O. BOX 404705 ATLANTA GA 30384-4705	INQUIRE AT: (800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070	D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE		
	CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 00703		INV DATE 08/06/2018		4816812	
ORDER NO. U82189577	ACCOUNT NO. 036329-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTRY DATE 08/06/2018	PAGE 1	DUPLICATE
SOLD TO: ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608			SHIP TO: AMANDA COOK TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608		INVOICE TYPE: NOR FON CON THIS IS A PARTIAL SHIPMENT <input type="checkbox"/> DUE: 09/05/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.	
Visit: www.fishersci.com						
DESCRIPTION	CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT		
CALLER-AMANDA COOK PHONE-662-712-2277						
SHIPMENT NBR: 001 FROM: SED ON 08/06/2018						
ORDERED PART # 23-043-053 QUICKVUE 1-STEP HCG COMBO 50PK LOT 704224	23 043 053 704224	* 5 PK	71.78	358.90		
ORDERED PART # 13-711-1M FB TRNS PPT STD 7.7ML NS 5C/PK LOT 18230320	13 711 7M 18230320	1 CS	97.33	97.33		
TOTAL INVOICE AMOUNT				456.23		
FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL (*) FOR YOUR REFERENCE, AN ASTERISK HAS BEEN PLACED BY THOSE ITEMS FOR WHICH MSDS(S) WILL BE PROVIDED UNDER SEPARATE COVER. CONTACT YOUR CUSTOMER SERVICE REPRESENTATIVE IF ADDITIONAL INFORMATION NEEDED. TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2 E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASP						
See reverse side for complete terms and conditions or visit http://www.fishersci.com/www/portal/CMSTATIC?href=Footer/landsale.jsp						
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE . THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.						
NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.						
THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME PRODUCTS MAY BE SUBJECT TO ADDITIONAL DISCOUNTS AGREED UPON BETWEEN THE PARTIES.						

Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>		REMIT TO: INQUIRE AT: (800) 640-0640 ACCT# 036329-001 11450 COMPAQ CENTER WEST P.O. BOX 404705 HOUSTON TX ATLANTA GA 77070 30384-4705		D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	
		PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE			
CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 00669			INV DATE 08/09/2018		5259296
ORDER NO. U82128136	ACCOUNT NO. 036329-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTRY DATE 07/31/2018	PAGE 1
SOLD TO: ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608		SHIP TO: AMANDA COOK TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608		INVOICE TYPE: NOR FON CON THIS IS A PARTIAL SHIPMENT <input type="checkbox"/> DUE: 09/08/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.	
Visit: www.fishersci.com					
DESCRIPTION		CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT
CALLER-AMANDA COOK PHONE-662-712-2277 SHIPMENT NBR: 002 FROM: VND ON: 08/03/2018 ORDERED PART # NC9436558 MULTI-LVL3LVLX10X2.5ML 30PK RX NC9436558 1 PK 150.80 150.80 VN00024678 CC 527 LOT 1 RNA MEDICAL					
MERCHANDISE SUBTOTAL SHIPPING					150.80 34.00
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL					184.80
TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2 E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX					
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMS/Static7/bref/footer/tandcsale.jsp					
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF. NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.					
THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME PRODUCTS MAY BE SUBJECT TO ADDITIONAL DISCOUNTS AGREED UPON BETWEEN THE PARTIES.					

Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>		REMIT TO: ACCT# 036329-001 P.O. BOX 404705 ATLANTA GA 30384-4705		INQUIRE AT: (800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070		D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	
		CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 00723		INV DATE 08/10/2018		PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE 5394255	
ORDER NO. U82217899	ACCOUNT NO. 036329-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTRY DATE 08/09/2018	PAGE 1	DUPLICATE	
SOLD TO: ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608		SHIP TO: AMANDA COOK TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608		INVOICE TYPE: NOR FON CON DUE: 09/09/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.		THIS IS A PARTIAL SHIPMENT <input type="checkbox"/>	
Visit: www.fishersci.com							
DESCRIPTION		CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT		
CALLER-AMANDA COOK PHONE-662-712-2277 SHIPMENT NBR: 001 FROM: SED ON: 08/10/2018 ORDERED PART # 22-045-962 ACCUCHK INFORM II STR 50/EA RX LOT 476891		22 045 962	8 EA	17.68	141.44		
TOTAL INVOICE AMOUNT					141.44		
FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL (*) FOR YOUR REFERENCE, AN ASTERISK HAS BEEN PLACED BY THOSE ITEMS FOR WHICH MSDS(S) WILL BE PROVIDED UNDER SEPARATE COVER. CONTACT YOUR CUSTOMER SERVICE REPRESENTATIVE IF ADDITIONAL INFORMATION NEEDED. TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2 E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX							
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMSTATIC?href=Footer/tandcsale.jsp							
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF. NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.							
THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME PRODUCTS MAY BE SUBJECT TO ADDITIONAL DISCOUNTS AGREED UPON BETWEEN THE PARTIES.							


Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>		REMIT TO: ACCT# 036329-001 P.O. BOX 404705 ATLANTA GA 30384-4705		INQUIRE AT: (800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070		D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	
		PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE					
CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 00733				INV DATE 08/13/2018		5524563	
ORDER NO. D82222651	ACCOUNT NO. 036329-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTRY DATE 08/10/2018	PAGE 1	DUPLICATE	
SOLD TO: ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608		SHIP TO: REQUEST DEPT LOC736 TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608		INVOICE TYPE: NOR FON CON DUE: 09/12/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.			
Visit: www.fishersci.com							
DESCRIPTION		CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT		
CALLER-AMANDA COOK PHONE-662-712-2277							
SHIPMENT NBR: 001 FROM: SED ON 08/13/2018							
SURE-VUE COLR STAPH150T150PKRX LOT		23 046 500 KM02001	*X 1 PK	70.01	70.01		
TRYPT SOY AGR W/5 BLD 100PK LOT		B21261X 8179533	2 PK	17.81	35.62		
SHIPMENT NBR: 002 FROM: SED ON 08/13/2018							
SOFIA FLU AB TEST KIT 25TST/PK LOT		23 043 070 704046	* 4 PK	350.00	1,400.00		
0.5ML K2EDTA MINI COL C/PK RX LOT		22 040 200 180401	1 PK	26.20	26.20		
MERCHANDISE SUBTOTAL					1,531.83		
LEVEL I INTEGRITY PACKING FEE					12.00		
TOTAL INVOICE AMOUNT					1,543.83		
FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL							
(*) FOR YOUR REFERENCE, AN ASTERISK HAS BEEN PLACED BY THOSE ITEMS FOR WHICH MSDS(S) WILL BE PROVIDED UNDER SEPARATE COVER. CONTACT YOUR CUSTOMER SERVICE REPRESENTATIVE IF ADDITIONAL INFORMATION NEEDED.							
(X) THERE IS A ONE TIME LEVEL I FEE OF \$12.00 ADDED TO THIS ORDER.							
TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2							
E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX							
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMSTATIC?href=Footer/tandcsale.jsp							
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.							
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Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>		REMIT TO: INQUIRE AT: (800) 640-0640 ACCT# 036329-001 11450 COMPAQ CENTER WEST P.O. BOX 404705 HOUSTON TX ATLANTA GA 77070 30384-4705		D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	
		PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE			
CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 00733				INV DATE 08/14/2018	
ORDER NO. D82222651	ACCOUNT NO. 036329-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTRY DATE 08/10/2018	PAGE 1
SOLD TO: ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608		SHIP TO: REQUEST DEPT LOC736 TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608		INVOICE TYPE: NOR FON CON THIS IS A PARTIAL <input checked="" type="checkbox"/> SHIPMENT DUE: 09/13/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.	
Visit: www.fishersci.com					
DESCRIPTION		CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT
CALLER-AMANDA COOK PHONE-662-712-2277 SHIPMENT NBR: 003 FROM: VND ON: 08/13/2018 RML SPECTRA MRSA M-PLATE 10/PK		R01821 *	1 PK	24.80	24.80
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL (*) FOR YOUR REFERENCE, AN ASTERISK HAS BEEN PLACED BY THOSE ITEMS FOR WHICH MSDS(S) WILL BE PROVIDED UNDER SEPARATE COVER. CONTACT YOUR CUSTOMER SERVICE REPRESENTATIVE IF ADDITIONAL INFORMATION NEEDED. TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2 E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX					24.80
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMSTATIC?href=Footer/tandcsale.isp					
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.					
NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.					
THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME PRODUCTS MAY BE SUBJECT TO ADDITIONAL DISCOUNTS AGREED UPON BETWEEN THE PARTIES.					

Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>		REMIT TO: INQUIRE AT: (800) 640-0640 ACCT# 036329-001 11450 COMPAQ CENTER WEST P.O. BOX 404705 HOUSTON TX ATLANTA GA 77070 30384-4705		D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	
		PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE			
CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 00683			INV DATE 08/14/2018		5713509
ORDER NO. U82144043	ACCOUNT NO. 036329-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTRY DATE 08/02/2018	PAGE 1
SOLD TO: ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608			SHIP TO: AMANDA COOK TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608		INVOICE TYPE: NOR FON CON THIS IS A PARTIAL <input type="checkbox"/> SHIPMENT DUE: 09/13/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.
Visit: www.fishersci.com					
DESCRIPTION		CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT
CALLER-AMANDA COOK PHONE-662-712-2277 SHIPMENT NBR: 002 FROM: VND ON: 08/07/2018 ORDERED PART # NC9728698 DIPPER URINE DIPSTICK CONTROL NC9728698 * 2 EA 151.98 303.96 VN00060908 1440-01 LOT 1 QUANTIMETRIX CORPORATION					
MERCHANDISE SUBTOTAL SHIPPING DIRECT SHIP HANDLING CHARGES					303.96 57.97 15.00
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL					376.93
(*) FOR YOUR REFERENCE, AN ASTERISK HAS BEEN PLACED BY THOSE ITEMS FOR WHICH MSDS(S) WILL BE PROVIDED UNDER SEPARATE COVER. CONTACT YOUR CUSTOMER SERVICE REPRESENTATIVE IF ADDITIONAL INFORMATION NEEDED. TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2 E-INVOICE @ https://www.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX					
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/GWSTATIC?href=Footer/tandcsale.isn					
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF. NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.					
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Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>		REMIT TO: CMS 0363290001 ACCT# 036329-001 P.O. BOX 404705 ATLANTA GA 30384-4705		INQUIRE AT: (800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070		D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	
		PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE					
CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 00758				INV DATE 08/17/2018		7708842	
ORDER NO. A82285301	ACCOUNT NO. 036329-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTRY DATE 08/16/2018	PAGE 1	DUPLICATE	
SOLD TO: ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608		SHIP TO: RYAN OVERALL TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608		INVOICE TYPE: NOR FON CON DUE: 09/16/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.			
Visit: www.fishersci.com							
DESCRIPTION		CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT		
CALLER-RYAN OVERALL PHONE-662-712-2277 SHIPMENT NBR: 001 FROM: SED ON 08/17/2018							
CUVETTES HB 201 100/PK <div style="text-align: right;">LOT</div>		22 601 002 1806328	2 PK	188.70	377.40		
COAGUCHEK XS STRIPS 2X24/PK <div style="text-align: right;">LOT</div>		22 045 961 30497311	1 PK	200.18	200.18		
					577.58		
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2 E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX							
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMS?ATC?href=Footer/tandcsale.jsp							
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE . THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF. NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.							
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CMS 0363290001 Fisher HealthCare Part of Thermo Fisher Scientific		REMIT TO: ACCT# 036329-001 P.O. BOX 404705 ATLANTA GA 30384-4705		INQUIRE AT: (800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070		D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	
CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 00733				INV DATE 08/20/2018		PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE 8390412	
ORDER NO. D82222651	ACCOUNT NO. 036329-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTRY DATE 08/10/2018	PAGE 1	DUPLICATE	
SOLD TO: ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608		SHIP TO: REQUEST DEPT LOC736 TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608		INVOICE TYPE: NOR FON CON DUE: 09/19/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.			
Visit: www.fishersci.com							
DESCRIPTION		CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT		
CALLER-AMANDA COOK PHONE-662-712-2277 SHIPMENT NBR: 004 FROM: SED ON: 08/20/2018 MOD THYR MARTN MTM AG 20/PK RX LOT		B21567X 8208559	1 PK	4.72	4.72		
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2 E-INVOICE @ https://www.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX		4.72					
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMS/ATIC?href=Footer/tandcsale.isq							
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.							
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	CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 00777		INV DATE 08/20/2018		8390416	
ORDER NO. U82326801	ACCOUNT NO. 036329-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTRY DATE 08/20/2018	PAGE 1	DUPLICATE
SOLD TO: ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608		SHIP TO: AMANDA COOK TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608		INVOICE TYPE: NOR FON CON DUE: 09/19/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.		
Visit: www.fishersci.com						
DESCRIPTION	CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT		
CALLER-AMANDA COOK PHONE-662-712-2277						
SHIPMENT NBR: 001 FROM: SED ON: 08/20/2018						
ORDERED PART # 06-662-4 TIME TEMPERATURE WITH MEMORYT	06 662 4	2 EA	25.10	50.20		
ORDERED PART # 22-045-962 ACCUCHK INFORM II STR 50/EA RX	22 045 962 LOT 476894	8 EA	17.68	141.44		
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL				191.64		
(*) FOR YOUR REFERENCE, AN ASTERISK HAS BEEN PLACED BY THOSE ITEMS FOR WHICH MSDS(S) WILL BE PROVIDED UNDER SEPARATE COVER. CONTACT YOUR CUSTOMER SERVICE REPRESENTATIVE IF ADDITIONAL INFORMATION NEEDED.						
TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2						
E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX						
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMS/Static?href=Footer/landsale.jsp						
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.						
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		PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE					
CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 00782				INV DATE 08/22/2018		9403295	
ORDER NO. U82330514	ACCOUNT NO. 036329-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTRY DATE 08/21/2018	PAGE 1	DUPLICATE	
SOLD TO: ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608		SHIP TO: AMANDA COOK TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608		INVOICE TYPE: NOR FON CON DUE: 09/21/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.			
Visit: www.fishersci.com							
DESCRIPTION		CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT		
CALLER-AMANDA COOK PHONE-662-712-2277 SHIPMENT NBR: 001 FROM: SED ON: 08/22/2018 ORDERED PART # B21169X CHOC 2 AGAR 20/PK LOT B21169X 8179516			2 PK	3.67	7.34		
ORDERED PART # B21270X MACCONKEY AGAR II 100/PK LOT B21270X 8201725			2 PK	17.81	35.62		
ORDERED PART # L21352 COLUMBIA CNA AGAR 20/PK LOT L21352 8193841			2 PK	4.72	9.44		
SHIPMENT NBR: 002 FROM: VND ON: 08/21/2018 ORDERED PART # R064812 TODD HEWTT BRTH W/COLISTN 20PK R064812			3 PK	19.32	57.96		
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL					110.36		
(*) FOR YOUR REFERENCE, AN ASTERISK HAS BEEN PLACED BY THOSE ITEMS FOR WHICH MSDS(S) WILL BE PROVIDED UNDER SEPARATE COVER. CONTACT YOUR CUSTOMER SERVICE REPRESENTATIVE IF ADDITIONAL INFORMATION NEEDED.							
TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2							
E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX							
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PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.							
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		PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE			
CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 00790			INV DATE 08/22/2018		
ORDER NO. U82343113	ACCOUNT NO. 036329-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTRY DATE 08/22/2018	PAGE 1
SOLD TO: ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608			SHIP TO: AMANDA COOK TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-8608		
			INVOICE TYPE: NOR FON CON THIS IS A <input type="checkbox"/> PARTIAL SHIPMENT DUE: 09/21/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.		
Visit: www.fishersci.com					
DESCRIPTION		CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT
CALLER-AMANDA COOK PHONE-662-712-2277 SHIPMENT NBR: 001 FROM: SED ON: 08/22/2018					
ORDERED PART # 22-045-962 ACCUCHK INFORM II STR 50/EA RX LOT 476578		22 045 962	6 EA	17.68	106.08
ORDERED PART # 22-601-002 CUVETTES HB 201 100/PK LOT 1806328		22 601 002	2 PK	188.70	377.40
ORDERED PART # BNX430122 BINAX NOW RSV TEST KIT 22PK RX LOT 096624		BNX430122	2 PK	185.90	371.80
ORDERED PART # 23-900-535 SURE-VUE H. PYLORI 30/PK RX LOT HP8030029		23 900 535	1 PK	166.45	166.45
					1,021.73
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL (*) FOR YOUR REFERENCE, AN ASTERISK HAS BEEN PLACED BY THOSE ITEMS FOR WHICH MSDS(S) WILL BE PROVIDED UNDER SEPARATE COVER. CONTACT YOUR CUSTOMER SERVICE REPRESENTATIVE IF ADDITIONAL INFORMATION NEEDED. TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2 E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX					
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMSTATIC?href=Footer/tandcsale.jsp					
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF. NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION. THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME PRODUCTS MAY BE SUBJECT TO ADDITIONAL DISCOUNTS AGREED UPON BETWEEN THE PARTIES.					

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		CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 01719							
ORDER NO. H82144439		ACCOUNT NO. 450751-001		CSO CHU	F.O.B. SHIPPING POINT	INV DATE 08/06/2018	ORDER ENTRY DATE 08/02/2018	PAGE 1	DUPLICATE
SOLD TO: ACCOUNTS PAYABLE GILMORE MEM REGIONAL MED CENTER 1105 EARL FRYE BLVD AMORY MS 38821-5500				SHIP TO: REQUEST DEPT LOC 701 GILMORE MEM HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821-5500		INVOICE TYPE: NOR FON CON THIS IS A PARTIAL SHIPMENT <input type="checkbox"/>			
						DUE: 09/05/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.			
Visit: www.fishersci.com									
DESCRIPTION		CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT				
CALLER-VALUE CUSTOMER PHONE-662-256-6218 SHIPMENT NBR: 001 FROM: SED ON: 08/06/2018									
AIMTAB KETONE TABLETS 100/PK LOT 81731		23 111 357 81731	* 2 PK	55.85	111.70				
		LIST	65.70	- 15.0%					
CLTSWB STUART LIQ SGL 50/PK LOT 180269299		B4320099 180269299	1 PK	23.23	23.23				
		LIST	78.23	- 70.3%					
TOTAL INVOICE AMOUNT: FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL					134.93				
(*) FOR YOUR REFERENCE, AN ASTERISK HAS BEEN PLACED BY THOSE ITEMS FOR WHICH MSDS(S) WILL BE PROVIDED UNDER SEPARATE COVER. CONTACT YOUR CUSTOMER SERVICE REPRESENTATIVE IF ADDITIONAL INFORMATION NEEDED.									
TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2									
E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX									
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMSTATIC?pref=Footer/landsale.jsp									
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.									
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Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>		REMIT TO: INQUIRE AT: (800) 640-0640 ACCT# 450751-001 11450 COMPAQ CENTER WEST P.O. BOX 404705 HOUSTON TX ATLANTA GA 77070 30384-4705		D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	
		CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 01738		INV DATE 08/06/2018	
ORDER NO. H82158023	ACCOUNT NO. 450751-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTRY DATE 08/03/2018	PAGE 1
SOLD TO: ACCOUNTS PAYABLE GILMORE MEM REGIONAL MED CENTER 1105 EARL FRYE BLVD AMORY MS 38821-5500			SHIP TO: GILMORE MEM HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821-5500		INVOICE TYPE: NOR FON CON THIS IS A PARTIAL SHIPMENT <input type="checkbox"/>
DUE: 09/05/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.					
Visit: www.fishersci.com					
DESCRIPTION		CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT
CALLER-VALUE CUSTOMER PHONE-662-256-6218 SHIPMENT NBR: 001 FROM: NED ON: 08/06/2018 BTL ASPIRATOR W/SPIGOT 1GL SHIPMENT NBR: 002 FROM: SED ON: 08/06/2018 WASH BOTTLE LDPE 500ML 4/PK		01 189 0112 LIST 03 409 10E LIST	2 EA 191.00 2 PK 55.94	121.76 - 36.3% 14.71 - 73.7%	243.52 29.42 272.94
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2 E-INVOICE @ HTTPS://WWW.E-SCOM.COM/THERMOFISHER/REGISTER.ASPX					
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMSTATIC?href=Footer/tandcsale.jsp					
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 Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>	CMS 4507510001 ACCT# 450751-001 P.O. BOX 404705 ATLANTA GA 30384-4705	REMIT TO: INQUIRE AT: (800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070	D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE		
	CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 01770 500155696154		INV DATE 08/08/2018		5171877	
ORDER NO. U82180756	ACCOUNT NO. 450751-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTRY DATE 08/06/2018	PAGE 1	DUPLICATE
SOLD TO: ACCOUNTS PAYABLE GILMORE MEM REGIONAL MED CENTER 1105 EARL FRYE BLVD AMORY MS 38821-5500			SHIP TO: GILMORE MEM HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821-5500		INVOICE TYPE: NOR FON CON THIS IS A PARTIAL SHIPMENT <input checked="" type="checkbox"/>	
DUE: 09/07/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.						
Visit: www.fishersci.com						
DESCRIPTION	CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT		
SHIPMENT NBR: 001 FROM: SED ON: 08/08/2018						
ORDERED PART # B21365X HEKTOEN ENTERIC AGAR 20/PK LOT	B21365X 8173660 LIST	2 PK 30.65	4.19 - 86.3%	8.38		
ORDERED PART # B21270X MACCONKEY AGAR II 100/PK LOT	B21270X 8179662 LIST	3 PK 98.00	17.81 - 81.8%	53.43		
ORDERED PART # B21169X CHOC 2 AGAR 20/PK LOT	B21169X 8172584 LIST	4 PK 38.73	3.67 - 90.5%	14.68		
ORDERED PART # L97953 MACCONKEY W/SORBITOL 10/PK LOT	L97953 8158671 LIST	2 PK 28.14	3.99 - 85.8%	7.98		
ORDERED PART # B21261X TRYPT SOY AGR W/5 BLD 100PK LOT	B21261X 8173641 LIST	4 PK 128.31	17.81 - 86.1%	71.24		
ORDERED PART # B21173X MANNITOL SALT AGAR 20/PK LOT	B21173X 8179669 LIST	2 PK 40.88	4.98 - 87.8%	9.96		
ORDERED PART # BN430000 BINAX NOW RSV 42 TESTS/PK RX LOT	BN430000 096834 LIST	1 PK 1,258.59	344.40 - 72.6%	344.40		
ORDERED PART # 23-043-200 IMMUNOCARD STAT EHEC 30TEST/EA LOT	23 043 200 HC711235 LIST	1 EA 1,177.96	282.00 - 76.1%	282.00		
SHIPMENT NBR: 002 FROM: SED ON: 08/08/2018				CONTINUED		
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMSTAT12?ref=Footer/tandcsale.jsp						
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.						
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	CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 01770 500155696154		INV DATE 08/08/2018		5171877	
ORDER NO. U82180756	ACCOUNT NO. 450751-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTRY DATE 08/06/2018	PAGE 2	DUPLICATE
SOLD TO: ACCOUNTS PAYABLE GILMORE MEM REGIONAL MED CENTER 1105 EARL FRYE BLVD AMORY MS 38821-5500			SHIP TO: GILMORE MEM HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821-5500		INVOICE TYPE: NOR FON CON THIS IS A PARTIAL SHIPMENT <input type="checkbox"/>	
DUE: 09/07/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.						
Visit: www.fishersci.com						
DESCRIPTION	CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT		
ORDERED PART # B12522 TB STAIN SET K LOT	B12522 8100577 LIST	** 1 EA 157.20	24.85 - 84.2%	24.85		
ORDERED PART # 0270718 CP VRSLR TM UNIV RED1000/PK	02 707 18 LIST	1 PK 99.00	15.44 - 84.4%	15.44		
ORDERED PART # 0267029 SEDIPLAST WSTGRN S1000 100/PK LOT	02 670 29 W1309AAA LIST	2 PK 208.00	79.09 - 62.0%	158.18		
ORDERED PART # B12539 GRAM STAIN SET WSTAB IODINE LOT	B12539 8108709 LIST	* 1 EA 93.08	30.69 - 67.0%	30.69		
ORDERED PART # A4521 METHANOL CERT ACS/HPLC 1L LOT	A452 1 182000 LIST	* 1 EA 82.45	38.55 - 53.2%	38.55		
ORDERED PART # 2311135 AIMTAB KETONE TABLETS 100/PK LOT	23 111 357 81731 LIST	* 2 PK 65.70	55.85 - 15.0%	111.70		
ORDERED PART # 22 363 114 ASST 1.5X5 LATX FREE 48/CS LOT	22 363 114 20180106 LIST	1 CS 128.66	57.37 - 55.4%	57.37		
ORDERED PART # 23043053 QUICKVUE 1-STEP HCG COMBO 50PK LOT	23 043 053 704224 LIST	* 1 PK 244.17	71.78 - 70.6%	71.78		
ORDERED PART # 23043019 QUICKVUE+ STREP A 25/PK LOT	23 043 019 704164	* 2 PK	45.83	91.66	CONTINUED	
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 Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>	CMS 4507510001 ACCT# 450751-001 P.O. BOX 404705 ATLANTA GA 30384-4705	REMIT TO: INQUIRE AT: (800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070	D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE		
	CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 01770 500155696154		INV DATE 08/08/2018		5171877	
ORDER NO. U82180756	ACCOUNT NO. 450751-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTRY DATE 08/06/2018	PAGE 3	DUPLICATE
SOLD TO: ACCOUNTS PAYABLE GILMORE MEM REGIONAL MED CENTER 1105 EARL FRYE BLVD AMORY MS 38821-5500		SHIP TO: GILMORE MEM HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821-5500		INVOICE TYPE: NOR FON CON DUE: 09/07/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.		
THIS IS A PARTIAL SHIPMENT <input checked="" type="checkbox"/>						
Visit: www.fishersci.com						
DESCRIPTION	CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT		
	LIST	201.56	- 77.3%			
MERCHANDISE SUBTOTAL HAZARDOUS MATERIAL CHARGE LEVEL I INTEGRITY PACKING FEE				1,392.29 21.50 12.00		
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL				1,425.79		
(*) FOR YOUR REFERENCE, AN ASTERISK HAS BEEN PLACED BY THOSE ITEMS FOR WHICH MSDS(S) WILL BE PROVIDED UNDER SEPARATE COVER. CONTACT YOUR CUSTOMER SERVICE REPRESENTATIVE IF ADDITIONAL INFORMATION NEEDED.						
(#) THERE IS A \$21.50 HAZARDOUS MATERIAL HANDLING CHARGE.						
(X) THERE IS A ONE TIME LEVEL I FEE OF \$12.00 ADDED TO THIS ORDER.						
TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2						
E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX						
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMSTATIC?href=Footer/tandcsale.jsp						
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CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 01795 500155849535				INV DATE 08/08/2018		PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE 5171878	
ORDER NO. U82193609		ACCOUNT NO. 450751-001		CSO CHU		F.O.B. SHIPPING POINT	
				ORDER ENTRY DATE 08/07/2018		PAGE 1	
SOLD TO: ACCOUNTS PAYABLE GILMORE MEM REGIONAL MED CENTER 1105 EARL FRYE BLVD AMORY MS 38821-5500				SHIP TO: GILMORE MEM HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821-5500		INVOICE TYPE: NOR FON CON THIS IS A PARTIAL SHIPMENT <input type="checkbox"/>	
				DUE: 09/07/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.			
Visit: www.fishersci.com							
DESCRIPTION		CATALOG NUMBER		QUANTITY SHIPPED		UNIT PRICE	
SHIPMENT NBR: 001 FROM: SED ON: 08/08/2018							
ORDERED PART # B4320099		B4320099		2 PK		23.23	
CLTSWB STUART LIQ SGL 50/PK		180269299		78.23		70.3%	
LOT		LIST					
						46.46	
TOTAL INVOICE AMOUNT						46.46	
FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2 E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX							
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	CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 01770 500155696154		INV DATE 08/09/2018		5325606	
ORDER NO. U82180756	ACCOUNT NO. 450751-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTRY DATE 08/06/2018	PAGE 1	DUPLICATE
SOLD TO: ACCOUNTS PAYABLE GILMORE MEM REGIONAL MED CENTER 1105 EARL FRYE BLVD AMORY MS 38821-5500		SHIP TO: GILMORE MEM HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821-5500		INVOICE TYPE: NOR FON CON THIS IS A PARTIAL SHIPMENT <input type="checkbox"/>		
DUE: 09/08/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.						
Visit: www.fishersci.com						
DESCRIPTION	CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT		
SHIPMENT NBR: 003 FROM: VND ON: 08/08/2018						
ORDERED PART # BB21729 GN BROTH K TUBE 10/PK	BB21729 LIST	2 PK 16.61	4.02 75.8%	8.04		
MERCHANDISE SUBTOTAL				8.04		
DIRECT SHIP TRANS CHARGE				14.00		
TOTAL INVOICE AMOUNT				22.04		
FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL						
TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2						
E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX						
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMS/STATIC?href=Footer/tandcsale.jsp						
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		PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE					
CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 01908				INV DATE 08/20/2018		8671776	
ORDER NO. H82296532	ACCOUNT NO. 450751-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTRY DATE 08/17/2018	PAGE 1	DUPLICATE	
SOLD TO: ACCOUNTS PAYABLE GILMORE MEM REGIONAL MED CENTER 1105 EARL FRYE BLVD AMORY MS 38821-5500		SHIP TO: REQUEST DEPT LOC 736 GILMORE MEM HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821-5500		INVOICE TYPE: NOR FON CON DUE: 09/19/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.			
Visit: www.fishersci.com							
DESCRIPTION		CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT		
CALLER-VALUE CUSTOMER PHONE-662-256-6218 SHIPMENT NBR: 001 FROM: CDC ON: 08/20/2018							
TRIAGE TOTAL CTL1 5X.25ML/PK <div style="text-align: right;">LOT</div>		13 982 17 * C3431A LIST	1 PK 125.00	100.80 - 19.4%	100.80		
TRIAGE TOTAL CTL2 5X.25ML/PK <div style="text-align: right;">LOT</div>		13 982 18 * C3408A	1 PK	125.00	125.00		
					225.80		
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL (*) FOR YOUR REFERENCE, AN ASTERISK HAS BEEN PLACED BY THOSE ITEMS FOR WHICH MSDS(S) WILL BE PROVIDED UNDER SEPARATE COVER. CONTACT YOUR CUSTOMER SERVICE REPRESENTATIVE IF ADDITIONAL INFORMATION NEEDED. TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2 E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX							
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 Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>	CMS 4507510001 ACCT# 450751-001 P.O. BOX 404705 ATLANTA GA 30384-4705	REMIT TO: INQUIRE AT: (800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070	D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE		
	CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 01937 500157471203		INV DATE 08/22/2018		9591929	
ORDER NO. U82330956	ACCOUNT NO. 450751-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTRY DATE 08/22/2018	PAGE 1	DUPLICATE
SOLD TO: ACCOUNTS PAYABLE GILMORE MEM REGIONAL MED CENTER 1105 EARL FRYE BLVD AMORY MS 38821-5500		SHIP TO: GILMORE MEM HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821-5500		INVOICE TYPE: NOR FON CON THIS IS A PARTIAL SHIPMENT <input checked="" type="checkbox"/>		
DUE: 09/21/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.						
Visit: www.fishersci.com						
DESCRIPTION	CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT		
SHIPMENT NBR: 001 FROM: SED ON: 08/22/2018						
ORDERED PART # 23-043-070 SOFIA FLU AB TEST KIT 25TST/PK LOT 704046	23 043 070 LIST	2 PK 585.77	350.00 - 40.2%	700.00		
ORDERED PART # 21341 TIP MLA STCK RK 1000/PK LOT 21 341	21 341 LIST	4 PK 98.40	52.39 - 46.8%	209.56		
ORDERED PART # 22 026 735 INFANT HEEL WARMER LIQ C/CS RX LOT 071018A	22 026 735 LIST	1 CS 284.00	86.90 - 69.4%	86.90		
ORDERED PART # B260683 GASPAC EZ ANAEROBE POUCH LOT B260683 8116666	B260683 LIST	4 PK 142.22	31.43 - 77.9%	125.72		
ORDERED PART # 23062125 BLOOD BNK SALINE .9%NACL 10LT LOT 23 062125 313365	23 062125 LIST	1 EA 41.90	10.53 - 74.9%	10.53		
ORDERED PART # OKMTS9633 MTS ID-TIPS-RACKED 1152/PK LOT OKMTS9633 353421	OKMTS9633 LIST	1 PK 158.68	136.46 - 14.0%	136.46		
ORDERED PART # 23900535 SURE-VUE H. PYLORI 30/PK RX LOT 23 900 535 HP8030029	23 900 535 LIST	1 PK 530.57	166.45 - 68.6%	166.45		
ORDERED PART # 1496115 CENTRIFUGE TBE 15ML PS 500/CS LOT 14 961 15	14 961 15 LIST	2 CS 166.16	129.37 - 22.1%	258.74		
ORDERED PART # 23043053 QUICKVUE 1-STEP HCG COMBO 50PK LOT 23 043 053 704224	23 043 053 LIST	1 PK 71.78	71.78	71.78		
CONTINUED						
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMSTATIC?href=Footer/tandc_sale.jsp						
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.						
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 Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>	CMS 4507510001 REMIT TO: ACCT# 450751-001 P.O. BOX 404705 ATLANTA GA 30384-4705	INQUIRE AT: (800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070	D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE		
	CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 01937 500157471203		INV DATE 08/22/2018		9591929	
ORDER NO. U82330956	ACCOUNT NO. 450751-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTRY DATE 08/22/2018	PAGE 2	DUPLICATE
SOLD TO: ACCOUNTS PAYABLE GILMORE MEM REGIONAL MED CENTER 1105 EARL FRYE BLVD AMORY MS 38821-5500			SHIP TO: GILMORE MEM HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821-5500		INVOICE TYPE: NOR FON CON THIS IS A PARTIAL SHIPMENT <input type="checkbox"/>	
DUE: 09/21/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.						
Visit: www.fishersci.com						
DESCRIPTION	CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT		
ORDERED PART # 23043019 QUICKVUE+ STREP A 25/PK LOT	LIST 23 043 019 * 704164	244.17 3 PK	- 70.6% 45.83	137.49		
ORDERED PART # B260684 GASPAC EZ CO2 POUCH 20/PK LOT	LIST B260684 8116687	201.56 4 PK	- 77.3% 28.29	113.16		
ORDERED PART # 12550123 SLD SUPRFRST STD 3X1IN 144/PK LOT	LIST 12 550 123 18331	115.25 6 PK	- 75.5% 20.85	125.10		
ORDERED PART # 137119AM FB TRNS PPT 5.8ML NS GRD 5C/PK LOT	LIST 13 711 9AM 18281683	94.49 8 PK	- 77.9% 10.66	85.28		
ORDERED PART # 2246917 SED-CHK 2BILVL CNTRL3X8ML 1PK LOT	LIST 22 469 17 * 11502181	54.29 3 PK	- 80.4% 160.93	482.79		
SHIPMENT NBR: 002 FROM: SED ON 08/22/2018		LIST 413.50	- 61.1%			
ORDERED PART # B21365X HEKTOEN ENTERIC AGAR 20/PK LOT	LIST B21365X 8194725	2 PK 30.65	4.19 - 86.3%	8.38		
ORDERED PART # B21270X MACCONKEY AGAR II 100/PK LOT	LIST B21270X 8207886	4 PK 98.00	17.81 - 81.8%	71.24		
ORDERED PART # B21169X CHOC 2 AGAR 20/PK LOT	LIST B21169X 8179516	2 PK 38.73	3.67 - 90.5%	7.34		
CONTINUED						
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMS/STATIC7?ref=Footer/tandcsale_isr						
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.						
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 Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>	CMS 6008690004 ACCT# 600869-001 P.O. BOX 404705 ATLANTA GA 30384-4705	REMIT TO: INQUIRE AT: (800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070	D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE		
	CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 749-6782938 500155897327		INV DATE 08/10/2018		5470471	
ORDER NO. U82204356	ACCOUNT NO. 600869-001	CSO CHU	F.O.B. DESTINATION	ORDER ENTRY DATE 08/08/2018	PAGE 1	DUPLICATE
SOLD TO: ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI REG MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-1218			SHIP TO: NORTHWEST MI REGIONAL MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614-7202		INVOICE TYPE: NOR FON CON THIS IS A PARTIAL SHIPMENT <input type="checkbox"/> DUE: 09/09/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.	
Visit: www.fishersci.com						
DESCRIPTION		CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT	
CALLER-YATASHA MUSKIN PHONE-662-624-3453 SHIPMENT NBR: 001 FROM: SED ON 08/10/2018 ORDERED PART # 22363114 ASST 1.5X5 LATX FREE 48/CS LOT 22 363 114 20180106			1 CS	57.37	57.37	
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2 E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX					57.37	
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMSTATIC?href=Footer/tandcsale.jsp						
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.						
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 Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>	CMS 6008690004 REMIT TO:	INQUIRE AT: (800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070	D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	
	ACCT# 600869-001 P.O. BOX 404705 ATLANTA GA 30384-4705	PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE		
CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 749-6785676		INV DATE 08/13/2018	5616451	
ORDER NO. H82250348	ACCOUNT NO. 600869-001	CSO CHU	F.O.B. DESTINATION	
SOLD TO: ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI REG MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-1218		SHIP TO: RECEIVING NORTHWEST MI REGIONAL MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614-7202		
		INVOICE TYPE: NOR FON CON THIS IS A PARTIAL SHIPMENT <input type="checkbox"/>		
DUE: 09/12/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.				
Visit: www.fishersci.com				
DESCRIPTION	CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT
CALLER-TASHA MUSKIN PHONE-662-624-3453 SHIPMENT NBR: 001 FROM: CDC ON: 08/13/2018 TRIAGE METERPRO BNP PANL25PKRX LOT RUSH SHPMT AUTHORIZATION TASHA MUSKIN	13 982 03 W64548B	*X 12 PK	350.00	4,200.00
MERCHANDISE SUBTOTAL SHIPPING LEVEL I INTEGRITY PACKING FEE				4,200.00 82.16 12.00
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL				4,294.16
(*) FOR YOUR REFERENCE, AN ASTERISK HAS BEEN PLACED BY THOSE ITEMS FOR WHICH MSDS(S) WILL BE PROVIDED UNDER SEPARATE COVER. CONTACT YOUR CUSTOMER SERVICE REPRESENTATIVE IF ADDITIONAL INFORMATION NEEDED.				
(X) THERE IS A ONE TIME LEVEL I FEE OF \$12.00 ADDED TO THIS ORDER.				
TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2				
E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX				
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMSTATIC?href=Footer/landsale.jsp				
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	ACCT# 600869-001 P.O. BOX 404705 ATLANTA GA 30384-4705	PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE		
CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 749-6783993 500156118327		INV DATE 08/13/2018	5616453	
ORDER NO. U82218167	ACCOUNT NO. 600869-001	CSO CHU	F.O.B. DESTINATION	
		ORDER ENTRY DATE 08/09/2018	PAGE 1 DUPLICATE	
SOLD TO: ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI REG MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-1218		SHIP TO: NORTHWEST MI REGIONAL MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614-7202		
		INVOICE TYPE: NOR FON CON THIS IS A PARTIAL SHIPMENT <input checked="" type="checkbox"/>		
		DUE: 09/12/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.		
Visit: www.fishersci.com				
DESCRIPTION	CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT
CALLER-YATASHA MUSKIN PHONE-662-624-3453				
SHIPMENT NBR: 001 FROM: SED ON 08/13/2018				
ORDERED PART # B31552 A TAXO DISCS 10/PK RX	B31552 8050848	1 PK	17.15	17.15
ORDERED PART # B21365X HEKTOEN ENTERIC AGAR 20/PK	B21365X 8173660	1 PK	4.19	4.19
ORDERED PART # BB21196 FLUID THIOGLYCOLT MED 100PK	BB21196 8144571	1 PK	24.97	24.97
ORDERED PART # 23038017 SURE-VUE CLR MONO 50TST/PK RX	23 038017 B30429	*X 1 PK	55.19	55.19
ORDERED PART # 23032512 STD/10 AEROBC/F 40ML BTL 50/PK	23 032512 8086516 8108809	3 PK	92.15	276.45
ORDERED PART # 23028047 BACTEC PEDS 50/PK	23 028047 8114546	4 PK	122.71	490.84
ORDERED PART # 23038060 SURE-VUE SELECT RUBELA 100PKRX	23 038 060 B30189	* 1 PK	229.00	229.00
ORDERED PART # B21267X GC AGAR W/ISOVX HEM 100PKGC	B21267X 8173668	1 PK	17.81	17.81
ORDERED PART # 22727891 RPR CAD TEST CNTRL CRDS10PK RX	22 727891 8031737	4 PK	12.17	48.68
ORDERED PART # B21261X				CONTINUED
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 Fisher HealthCare Part of Thermo Fisher Scientific	CMS 6008690004 REMIT TO: ACCT# 600869-001 P.O. BOX 404705 ATLANTA GA 30384-4705	INQUIRE AT: (800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070	D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE
	PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE		

CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER		INV DATE
749-6783993	500156118327	08/13/2018

ORDER NO. U82218167	ACCOUNT NO. 600869-001	CSO CHU	F.O.B. DESTINATION	ORDER ENTRY DATE 08/09/2018	PAGE 2	DUPLICATE
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SOLD TO:	SHIP TO:	INVOICE TYPE: NOR FON CON
ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI REG MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-1218	NORTHWEST MI REGIONAL MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614-7202	THIS IS A PARTIAL SHIPMENT <input checked="" type="checkbox"/>
DUE: 09/12/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.		
Visit: www.fishersci.com		

DESCRIPTION	CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT
TRYPT SOY AGR W/5 BLD 100PK LOT	B21261X 8173662	4 PK	17.81	71.24
ORDERED PART # B21270X MACCONKEY AGAR II 100/PK LOT	B21270X 8194728	3 PK	17.81	53.43
ORDERED PART # 23038000 SURE-VUE ASO 50TEST/PK RX LOT	23 038000 B30522	1 PK	116.81	116.81
ORDERED PART # 22349689 RPR CARD KIT MRCFR 500 TEST RX LOT	22 349 689 7278519	1 EA	47.95	47.95
ORDERED PART # B31048 P TAXO DISCS 50/PK RX LOT	B31048 8028973	2 PK	5.24	10.48
ORDERED PART # B21179X PHENYLETHYL ALCOHL AGAR 20PK LOT	B21179X 8179667	3 PK	4.51	13.53
ORDERED PART # 23025806 BCTC STD ANARB/F MEDIA 50/PK LOT	23 025806 8086986	3 PK	92.15	276.45
ORDERED PART # 23038002 SURE-VUE RF 100TEST/PK RX LOT	23 038002 B27927	1 PK	71.60	71.60
SHIPMENT NBR: 002 FROM: SED ON 08/13/2018				
ORDERED PART # 1490585 LIQ STUARTS SINGLE SWAB 50/PK LOT	14 905 85 8D05A	1 PK	18.09	18.09
ORDERED PART # 23043019 QUICKVUE+ STREP A 25/PK LOT	23 043 019 704164	3 PK	45.83	137.49
ORDERED PART # 137119CM FB TRNS PPT 5.8ML ST GRD 500PK	13 711 9CM	2 PK	16.24	32.48


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Fisher HealthCare Part of Thermo Fisher Scientific	REMIT TO: 6008690004 ACCT# 600869-001 P.O. BOX 404705 ATLANTA GA 30384-4705	INQUIRE AT: (800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070	D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	
	PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE			
CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 749-6783993 500156118327		INV DATE 08/13/2018 5616453		
ORDER NO. U82218167	ACCOUNT NO. 600869-001	CSO CHU F.O.B. DESTINATION	ORDER ENTRY DATE 08/09/2018 PAGE 3 DUPLICATE	
SOLD TO: ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI REG MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-1218		SHIP TO: NORTHWEST MI REGIONAL MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614-7202		
		INVOICE TYPE: NOR FON CON THIS IS A PARTIAL SHIPMENT <input type="checkbox"/>		
		DUE: 09/12/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.		
Visit: www.fishersci.com				
DESCRIPTION	CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT
LOT 18231338				
ORDERED PART # 22363597 PB LP 10UL FLX LYL 10BG 960/PK	22 363 597	1 PK	98.18	98.18
ORDERED PART # B12527 GRAM DECOLORIZER 4/PK	B12527 * 8015558	1 PK	18.96	18.96
ORDERED PART # 23029252 ILLUMIGENE CDIFF TEST KT 50/EA	23 029 252 * 280050K216	1 EA	1,330.00	1,330.00
ORDERED PART # 14377252 URISYSTEM TUBES 500/CS	14 377 252 BP9142182	1 CS	34.07	34.07
ORDERED PART # 14375560 BULB DECANTING PIPETTOR 500/PK	14 375 560 18220927	1 PK	43.18	43.18
ORDERED PART # 14375560 BULB DECANTING PIPETTOR 500/PK	14 375 560 18220927	2 PK	43.18	86.36
ORDERED PART # 22-046-092 HEAT TRANSFER FLUID FOR 3D3	22 046692 MW18B28159	1 EA	23.08	23.08
ORDERED PART # 23-741108 KOVA STAIN 25ML 3/PK	23 741108 * K30323401	1 PK	84.98	84.98
MERCHANDISE SUBTOTAL				3,732.64
HAZARDOUS MATERIAL CHARGE				21.50
LEVEL I INTEGRITY PACKING FEE				12.00
TOTAL INVOICE AMOUNT				3,766.14
FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL				
(*) FOR YOUR REFERENCE, AN ASTERISK HAS BEEN PLACED BY THOSE ITEMS FOR WHICH MSDS(S) WILL BE PROVIDED				
CONTINUED				
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMS/STAT16?href=Footer/tandcsale.jsp				
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.				
NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.				
THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME PRODUCTS MAY BE SUBJECT TO ADDITIONAL DISCOUNTS AGREED UPON BETWEEN THE PARTIES.				

 Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>	CMS 6008690004 ACCT# 600869-001 P.O. BOX 404705 ATLANTA GA 30384-4705	REMIT TO: INQUIRE AT: (800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070	D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE		
	CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 749-6783993 500156118327		INV DATE 08/13/2018		5616453	
ORDER NO. U82218167	ACCOUNT NO. 600869-001	CSO CHU	F.O.B. DESTINATION	ORDER ENTRY DATE 08/09/2018	PAGE 4	DUPLICATE
SOLD TO: ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI REG MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-1218		SHIP TO: NORTHWEST MI REGIONAL MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614-7202		INVOICE TYPE: NOR FON CON DUE: 09/12/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.		
THIS IS A PARTIAL SHIPMENT <input checked="" type="checkbox"/>						
Visit: www.fishersci.com						
DESCRIPTION	CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT		
UNDER SEPARATE COVER. CONTACT YOUR CUSTOMER SERVICE REPRESENTATIVE IF ADDITIONAL INFORMATION NEEDED.						
(#) THERE IS A \$21.50 HAZARDOUS MATERIAL HANDLING CHARGE.						
(X) THERE IS A ONE TIME LEVEL I FEE OF \$12.00 ADDED TO THIS ORDER.						
TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2						
E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX						
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMSTATIC?href=Footer/tandcsale.jsp						
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE . THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.						
NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.						
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 Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>	CMS 6008690004 REMIT TO:	INQUIRE AT: (800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070	D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	
	ACCT# 600869-001 P.O. BOX 404705 ATLANTA GA 30384-4705	PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE		
CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 749-6785673 500156476459		INV DATE 08/14/2018	6268659	
ORDER NO. U82253912	ACCOUNT NO. 600869-001	CSO CHU	F.O.B. DESTINATION	
ORDER ENTRY DATE 08/14/2018		PAGE 1	DUPLICATE	
SOLD TO: ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI REG MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-1218		SHIP TO: NORTHWEST MI REGIONAL MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614-7202		
INVOICE TYPE: NOR FON CON THIS IS A PARTIAL SHIPMENT <input checked="" type="checkbox"/>		DUE: 09/13/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.		
Visit: www.fishersci.com				
DESCRIPTION	CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT
CALLER-YATASHA MUSKIN PHONE-662-624-3453				
SHIPMENT NBR: 001 FROM: CDC ON: 08/14/2018 ORDERED PART # 22-026-360 URINE CNTNR 24 HR SPOUT 40/CS LOT F150918		1 CS	194.84	194.84
SHIPMENT NBR: 002 FROM: SED ON: 08/14/2018 ORDERED PART # 22363114 ASST 1.5X5 LATX FREE 48/CS LOT 20180106		2 CS	57.37	114.74
SHIPMENT NBR: 003 FROM: SED ON: 08/14/2018 ORDERED PART # OKMTS9230 MTS DILUENT 2 5 X 100MLMTS DI LOT MD116		1 EA	234.27	234.27
SHIPMENT NBR: 004 FROM: CDC ON: 08/14/2018 ORDERED PART # OKMTS080515 MTS A/B/D/REVRSE CARD100/PK RX LOT 03071803720		2 PK	717.70	1,435.40
MERCHANDISE SUBTOTAL				1,979.25
LEVEL I INTEGRITY PACKING FEE				12.00
TOTAL INVOICE AMOUNT				1,991.25
FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL (X) THERE IS A ONE TIME LEVEL I FEE OF \$12.00 ADDED TO THIS ORDER. TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2 E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX				
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMS/AFIC?href=Footer/tandc-sale.jsp				
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE . THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.				
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 Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>	CMS 6008690004 ACCT# 600869-001 P.O. BOX 404705 ATLANTA GA 30384-4705	REMIT TO: INQUIRE AT: (800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070	D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE		
	CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 749-6786319 500156594942		INV DATE 08/14/2018		6268663	
ORDER NO. U82266021	ACCOUNT NO. 600869-001	CSO CHU	F.O.B. DESTINATION	ORDER ENTRY DATE 08/14/2018	PAGE 1	DUPLICATE
SOLD TO: ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI REG MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-1218		SHIP TO: NORTHWEST MI REGIONAL MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614-7202		INVOICE TYPE: NOR FON CON THIS IS A PARTIAL SHIPMENT <input type="checkbox"/> DUE: 09/13/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.		
Visit: www.fishersci.com						
DESCRIPTION	CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT		
CALLER-YATASHA MUSKIN PHONE-662-624-3453						
SHIPMENT NBR: 001 FROM: SED ON: 08/14/2018						
ORDERED PART # 14377252						
URISYSTEM TUBES 500/CS	14 377 252 BP9142182	1 CS	34.07	34.07		
ORDERED PART # 23042308						
MLTSTX REAG STRP 10SG 100/PK	23 042305 801045	10 PK	28.56	285.60		
ORDERED PART # 0267029						
SEDIPLAST WSTGRN S1000 100/PK	02 670 29 W1309AAA	1 PK	79.09	79.09		
ORDERED PART # 125495						
MICROSLD1MM PLN BVL 3X11IN 1GR	12 549 5 1220179	6 GR	14.12	84.72		
				483.48		
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL						
(*) FOR YOUR REFERENCE, AN ASTERISK HAS BEEN PLACED BY THOSE ITEMS FOR WHICH MSDS(S) WILL BE PROVIDED UNDER SEPARATE COVER. CONTACT YOUR CUSTOMER SERVICE REPRESENTATIVE IF ADDITIONAL INFORMATION NEEDED.						
TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2						
E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX						
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMSTAT1C?href=Footer/tandcsale.jsp						
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.						
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Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>	REMIT TO: CMS 6008690004 ACCT# 600869-001 P.O. BOX 404705 ATLANTA GA 30384-4705	INQUIRE AT: (800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070	D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE		
	CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 749-6783993 500156118327		INV DATE 08/15/2018 6894626			
ORDER NO. U82218167	ACCOUNT NO. 600869-001	CSO CHU	F.O.B. DESTINATION	ORDER ENTRY DATE 08/09/2018	PAGE 1	DUPLICATE
SOLD TO: ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI REG MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-1218		SHIP TO: NORTHWEST MI REGIONAL MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614-7202		INVOICE TYPE: NOR FON CON THIS IS A PARTIAL SHIPMENT <input type="checkbox"/> DUE: 09/14/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.		
Visit: www.fishersci.com						
DESCRIPTION	CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT		
CALLER-YATASHA MUSKIN PHONE-662-624-3453 SHIPMENT NBR: 003 FROM: VND ON: 08/14/2018 ORDERED PART # BB21012 SABOURAUD DEX AGAR SLT 10TB/PK	BB21012	3 PK	6.07	18.21		
MERCHANDISE SUBTOTAL				18.21		
DIRECT SHIP TRANS CHARGE				14.00		
TOTAL INVOICE AMOUNT				32.21		
FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2 E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX						
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMS/StaticContent/Footer/tandcsale.jsp						
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.						
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 Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>	CMS 6008690004 ACCT# 600869-001 P.O. BOX 404705 ATLANTA GA 30384-4705	REMIT TO: INQUIRE AT: (800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070	D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE		
	CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 749-6787382		INV DATE 08/15/2018		6894632	
ORDER NO. U82279591	ACCOUNT NO. 600869-001	CSO CHU	F.O.B. DESTINATION	ORDER ENTRY DATE 08/15/2018	PAGE 1	DUPLICATE
SOLD TO: ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI REG MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-1218			SHIP TO: RECEIVING / 749-6787382 NORTHWEST MI REGIONAL MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614-7202		INVOICE TYPE: NOR FON CON THIS IS A PARTIAL SHIPMENT <input type="checkbox"/> DUE: 09/14/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.	
Visit: www.fishersci.com						
DESCRIPTION			CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT
CALLER-TASHA MUSKIN PHONE-662-624-3453 SHIPMENT NBR: 001 FROM: SED ON: 08/15/2018 ORDERED PART # 22225540 MCRTN LTH HP MCRGD CL 50/PK RX LOT 13 680 62 806665N 10 PK 19.60 196.00 MICRTN WGARD CLSE N/ADD50/PKRX LOT 02 675 184 8058772 1 PK 18.78 18.78 RUSH SHPMT AUTHORIZATION TASHA MUSKIN						
SHIPMENT NBR: 002 FROM: CDC ON: 08/15/2018 MTS DILUENT 2 PLUS 5 X 100MLM LOT OKMTS9330 X 1 EA 225.27 225.27 RUSH SHPMT AUTHORIZATION TASHA MUSKIN LOT MDP163						
SHIPMENT NBR: 003 FROM: CDC ON: 08/15/2018 MTS ID-TIPS-RACKED 1152/PK LOT OKMTS9633 2 PK 136.46 272.92 RUSH SHPMT AUTHORIZATION TASHA MUSKIN LOT 353258						
MERCHANDISE SUBTOTAL SHIPPING LEVEL I INTEGRITY PACKING FEE TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL (X) THERE IS A ONE TIME LEVEL I FEE OF \$12.00 ADDED TO THIS ORDER. TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2 E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX						712.97 142.32 12.00 867.29
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMS/Static?href=Footer/tandc-sale.jsp						
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF. NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION. THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME PRODUCTS MAY BE SUBJECT TO ADDITIONAL DISCOUNTS AGREED UPON BETWEEN THE PARTIES.						

Fisher HealthCare Part of Thermo Fisher Scientific		REMIT TO: ACCT# 600869-001 P.O. BOX 404705 ATLANTA GA 30384-4705		INQUIRE AT: (800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070		D-U-N-S-00-432-1519 FBIN 23-2942737 ORIGINAL INVOICE	
		PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE					
CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 749-6785673 500156476459				INV DATE 08/16/2018		7332069	
ORDER NO. U82253912	ACCOUNT NO. 600869-001	CSO CHU	F.O.B. DESTINATION	ORDER ENTRY DATE 08/14/2018	PAGE 1	DUPLICATE	
SOLD TO: ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI REG MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-1218		SHIP TO: NORTHWEST MI REGIONAL MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614-7202		INVOICE TYPE: NOR FON CON DUE: 09/15/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.			
THIS IS A PARTIAL SHIPMENT <input checked="" type="checkbox"/>							
Visit: www.fishersci.com							
DESCRIPTION		CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT		
CALLER-YATASHA MUSKIN PHONE-662-624-3453 SHIPMENT NBR: 005 FROM: VND ON 08/15/2018 ORDERED PART # NC0107952 SPECTRA REFRIG THERMOMETER VN00124966 BFZ80 THERMCO PRODUCTS INC		NC0107952	1 EA	29.75	29.75		
MERCHANDISE SUBTOTAL SHIPPING DIRECT SHIP HANDLING CHARGES					29.75 28.06 8.00		
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL					65.81		
TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2 E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX							
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMS?tab=Footer/footer_tandcsale.jsp							
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Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>		REMIT TO: ACCT# 600869-001 P.O. BOX 404705 ATLANTA GA 30384-4705		INQUIRE AT: (800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070		D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	
		PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE					
CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 749-6765737 500152376939				INV DATE 08/17/2018		8146581	
ORDER NO. D82283148	ACCOUNT NO. 600869-001	CSO CHU	F.O.B. DESTINATION	ORDER ENTRY DATE 08/16/2018	PAGE 1	DUPLICATE	
SOLD TO: ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI REG MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-1218		SHIP TO: NORTHWEST MI REGIONAL MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614-7202		INVOICE TYPE: NOR FON CON DUE: 09/16/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.			
THIS IS A PARTIAL SHIPMENT <input type="checkbox"/>							
Visit: www.fishersci.com							
DESCRIPTION		CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT		
CALLER-TASHA MUSKIN PHONE-662-624-3453 SHIPMENT NBR: 001 FROM: SED ON 08/17/2018 COVER GLASSES NO 2 22MM 1OZ/PK LOT 12 540B 18922			1 CS	25.50	25.50		
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2 E-INVOICE @HTTPS://WWW.E-SCICOM.COM/THERMOPFISHER/REGISTER.ASPX					25.50		
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMS?ATC7href=Footer/tandcsale.jsp							
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.							
NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.							
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Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>		REMIT TO: INQUIRE AT: (800) 640-0640 ACCT# 600869-001 11450 COMPAQ CENTER WEST P.O. BOX 404705 HOUSTON TX ATLANTA GA 77070 30384-4705		D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	
		PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE			
CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 749-6789977 500157392557			INV DATE 08/21/2018 9227017		
ORDER NO. U82339413	ACCOUNT NO. 600869-001	CSO CHU	F.O.B. DESTINATION	ORDER ENTRY DATE 08/21/2018	PAGE 1
SOLD TO: ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI REG MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-1218			SHIP TO: NORTHWEST MI REGIONAL MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614-7202		
			INVOICE TYPE: NOR FON CON THIS IS A <input type="checkbox"/> PARTIAL SHIPMENT		
			DUE: 09/20/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.		
Visit: www.fishersci.com					
DESCRIPTION	CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT	
CALLER-YATASHA MUSKIN PHONE-662-624-3453					
SHIPMENT NBR: 001 FROM: SED ON: 08/21/2018					
ORDERED PART # 1490585					
LIQ STUARTS SINGLE SWAB 50/PK	14 905 85 8D05A	8 PK	18.09	144.72	
				144.72	
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL					
TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2					
E-INVOICE @ HTTPS://WWW.B-SCICOM.COM/THERMOFISHER/REGISTER.ASPX					
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMSTATIC?href=Footer/landsale.jsa					
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NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.					
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 Fisher HealthCare <small>Part of Thermo Fisher Scientific</small>	CMS 6008690004 ACCT# 600869-001 P.O. BOX 401705 ATLANTA GA 30384-4705	REMIT TO: INQUIRE AT: (800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070	D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE	PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE		
	CUSTOMER PURCHASE ORDER NUMBER - RELEASE NUMBER 749-6790327 500157470945		INV DATE 08/22/2018		9630551	
ORDER NO. U82330949	ACCOUNT NO. 600869-001	CSO CHU	F.O.B. DESTINATION	ORDER ENTRY DATE 08/21/2018	PAGE 1	DUPLICATE
SOLD TO: ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI REG MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-1218		SHIP TO: NORTHWEST MI REGIONAL MEDICAL CENTER 1970 HOSPITAL DR CLARKSDALE MS 38614-7202		INVOICE TYPE: NOR FON CON THIS IS A PARTIAL SHIPMENT <input checked="" type="checkbox"/>		
DUE: 09/21/2018 TERMS: NET 30 DAYS PAYABLE IN U.S. CURRENCY.						
Visit: www.fishersci.com						
DESCRIPTION		CATALOG NUMBER	QUANTITY SHIPPED	UNIT PRICE	AMOUNT	
CALLER-YATASHA MUSKIN PHONE-662-624-3453 SHIPMENT NBR: 002 FROM: CDC ON 08/22/2018 ORDERED PART # 23038089 QUICKVUE RSV 20/PK LOT 23 038 089 * 703943			2 PK	185.66	371.32	
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, OUR COMPANY DOES NOT ACCEPT CREDIT CARD NUMBERS VIA FAX OR EMAIL (*) FOR YOUR REFERENCE, AN ASTERISK HAS BEEN PLACED BY THOSE ITEMS FOR WHICH MSDS(S) WILL BE PROVIDED UNDER SEPARATE COVER. CONTACT YOUR CUSTOMER SERVICE REPRESENTATIVE IF ADDITIONAL INFORMATION NEEDED. TELL US ABOUT YOUR RECENT CUSTOMER SERVICE EXPERIENCE BY COMPLETING A SHORT SURVEY. THIS SHOULD TAKE NO LONGER THAN THREE MINUTES. ENTER THE LINK INTO YOUR BROWSER AND ENTER THE PASSCODE SHOWN. http://survey.medallia.com/fishersci PASSCODE: USA-PGH-CS2 E-INVOICE @ HTTPS://WWW.E-SCICOM.COM/THERMOFISHER/REGISTER.ASPX					371.32	
See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMS/ATIC?href=Footer/landcsale.jsp						
PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF. NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION. THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME PRODUCTS MAY BE SUBJECT TO ADDITIONAL DISCOUNTS AGREED UPON BETWEEN THE PARTIES.						

	Claimed	Allowed
Secured		
Priority		
Administrative	\$23687.39	