Debtor 1	Clarksdale Regi	ional Me	dical Cer	nter
Debtor 2	dba Northwest	Mississ	іррі Мес	lical Center
(Spouse, if filing) United States (	Sankruptcy Court for the:	Middle	_ District of	Tennessee

FILED

SEP 14 2018

## Official Form 410

# **Proof of Claim**

U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

	Who is the current		CDW Direct, LLC						
	creditor?	Name of the current creditor (the person or entity to be paid for this claim)							
		Other names the	creditor used with the debtor						
	Has this claim been acquired from someone else?	☑ No ☐ Yes. From	whom?						
*	Where should notices where should notices to the creditor be sent?  CDW / Attn: Vida Krug			t?	Where should pa different)	yments to the creditor	be sent? (if		
Ва	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 200 N. Milwaukee Ave			Name				
	(FIGH ) EVAL(B)	Number S Vernon H	Street ills IL	60061	Number Street				
		City	State	ZIP Code	City	State	ZIP Code		
		Contact phone	847-419-6322		Contact phone				
		Contact email	Vida.krug@cdw.com		Contact email				
		Uniform claim identifier for electronic payments in chapter 13 (if you use one):							
	Does this claim amend one already filed?	☑ No ☐ Yes. Clai	im number on court claims regis	ry (if known) _		Filed on MM / I	DD / YYYY		
	Do you know if anyone else has filed a proof of claim for this claim?	☑ No □ Yes. Wh	o made the earlier filing?	e mate into i comple discission con i fer					

page 1

Part 2: Give Informatio	n About the Claim as of the Date the Case Was Filed
Do you have any number you use to identify the debtor?	No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
	Customer # 1841520-02 Please reference on all correspondence mailed to CDW
How much is the claim?	\$\frac{150,039.03}{\overline{\sqrt{No}}}\$. Does this amount include interest or other charges?  ✓ No  ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
claim?	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
	Limit disclosing information that is entitled to privacy, such as health care information.
	Goods Sold
. Is all or part of the claim secured?	✓ No ☐ Yes. The claim is secured by a lien on property.
30001001	
	Nature of property:  Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim
	Attachment (Official Form 410-A) with this Proof of Claim.
	Motor vehicle
	Other. Describe:
	Basis for perfection:
	Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filled or recorded.)
	Value of property: S
	Amount of the claim that is secured: \$
	Amount of the claim that is unsecured: \$ (The sum of the secured and unsecured amounts should match the amount in line 7.
	Amount necessary to cure any default as of the date of the petition: \$
	Annual Interest Rate (when case was filed)%
	☐ Fixed ☐ Variable
0. Is this claim based on a	☑ No
lease?	
	Yes. Amount necessary to cure any default as of the date of the petition.
1. Is this claim subject to a	VNo
right of setoff?	Yes, Identify the property:
	Yes, identity the property:

Official Form 410 Proof of Claim

page 2

Page 2 of 50

2. Is all or part of the claim entitled to priority under	No No	Amount outified to adjust.				
11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority				
A claim may be partly priority and partly	☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	s				
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$				
change to promy.	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	s				
	☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$				
	☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$				
		\$ 27.87				
	☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	9				
	* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after	r the date of adjustment.				
Part 3: Sign Below						
he person completing	Check the appropriate box:	į				
his proof of claim must	☐ I am the creditor.					
RBP 9011(b).	I am the creditor's attorney or authorized agent.	1				
f you file this claim	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.					
electronically, FRBP	☐ I am a guerantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.					
5005(a)(2) authorizes courts to establish local rules						
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment amount of the claim, the creditor gave the debtor credit for any payments received toward the design and the control of the claim.	that when calculating the lebt.				
A person who files a						
fraudulent claim could be fined up to \$500,000,	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.					
imprisoned for up to 5						
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.					
3571.	Executed on date 09-11-2018	1				
	MM / DD / YYYY					
	( Middle Usus 9	and a second				
	Signature					
	Print the name of the person who is completing and signing this claim:					
	W.	•				
	Vida Krug	*				
	300 A 201					
	Name  Vida  Krug  First name Sr Recovery Analyst  Krug  Last name	; ;				
	Name  Vida  First name Sr Recovery Analyst  Krug  Last name					
	Name  Vida  Krug  First name Sr Recovery Analyst  Krug  Last name					
	Name  Vida  First name Sr Recovery Analyst  CDW, LLC  Identify the corporate servicer as the company if the authorized agent is a servicer.  200 N Milwaukee Ave					
	Name  Vida  First name Sr Recovery Analyst  CDW, LLC  Idenlify the corporate servicer as the company if the authorized agent is a servicer.	1 Krug Ecow.				

Official Form 410 Proof of Claim

page 3



Contact:

Vida Krug Sr. Recovery Analyst 1-847-419-6322

Date:

09/11/2018

Customer#

1841520-02

Clarksdale Regional Medical Center dba NW MS Medical Center

Balance:

\$ 150,039.03

Filed:

08/24/2018 Case:

18-05678

Invoice	Date		Amount	Owes	PO#
NVT5023	8/21/2018	\$	14.00	\$ 14.00	NOVEMBER TIGER TEXT
NQN3569	8/03/2018	\$	13.87	\$ 13.87	749-6773638
NNX5342	7/30/2018	\$	51.64	\$ 51.64	749-6777410
NMJ7565	7/24/2018	\$	438.13	\$ 438.13	749-6764370
NML2528	7/24/2018	\$	13.87	\$ 13.87	749-6773638
NMG8856	7/23/2018	\$	1,250.90	\$ 1,250.90	749-6764885
NGV3409	7/03/2018	\$	235.12	\$ 235.12	749-6763748
NFZ9225	6/28/2018	\$	4,681.80	\$ 4,681.80	749-6760519C
NFB2086	6/25/2018	\$	597.20	\$ 298.60	749-6744661C
NDM4043	6/21/2018	\$	895.80	\$ 895.80	749-6744661C
NCD3571	6/15/2018	\$	106.70	\$ 106.70	749-6751111
NBN5487	6/13/2018	\$	236.24	\$ 236.24	749-6751933
NBQ1696	6/13/2018	\$	1,224.00	\$ 1,224.00	749-6744661C
MZZ5708	6/11/2018	\$	1,236.75	\$ 1,236.75	749-6744661C
MZG4900	6/07/2018	\$	8,635.00	\$ 8,635.00	749-6744661C
MXS4044	6/05/2018	\$	3,652.08	\$ 3,652.08	749-6744661C
MXL2530	6/04/2018	\$	89,912.34	\$ 89,912.34	749-6744661C
MXC5657	6/01/2018	\$	508.40	\$ 508.40	749-6741760
MPH4831	5/02/2018	\$	1,040.23	\$ 1,040.23	749-6724265CE
MPD0651	5/01/2018	\$	1,040.23	\$ 1,040.23	749-6724265CE
MNV7231	4/30/2018	\$	377.20	\$ 377.20	749-6688635
MKS1657	4/17/2018	\$	120.69	\$ 120.69	749-6698503
MJR3419	4/11/2018	\$	2,071.65	\$ 2,071.65	749-6710222
MGN5273	4/02/2018	\$	28,888.66	\$ 28,888.66	749-6703043
LXF0870	3/05/2018	\$	52.11	\$ 52.11	749-6677360
LTS1705	2/21/2018	\$	128.59	\$ 128.59	749-6618353
LTS6234	2/21/2018	\$	84.89	\$ 84.89	749-6662268
LQQ9796	2/07/2018	\$	160.28	\$ 160.28	749-6645313
LQL5501	2/06/2018	\$	120.33	\$ 120.33	749-6653287
LMZ6139	1/26/2018	\$	104.26	\$ 104.26	749-6649965
LNC4556	1/26/2018	\$	627.13	\$ 627.13	749-6652726
LMR3721	1/25/2018	\$	1,137.72	\$ 1,137.72	749-6646322C
LHV7259	1/08/2018	\$	38.91	\$ 38.91	749-6630569
LHN0096	1/05/2018	\$	771.56	\$ 640.91	749-6618353
		+-		\$ 150,039.03	

Tax Identification 36-4230110

NVT5023

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NG65104-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
NVT5023	1841520	8-21-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. S. PO BOX 1218

NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR

S

P

ATTN ACCTS PAYABLE

ATTN: TIGER TEXT T 0

CLARKSDALE, MS 38614-1218 6626273211

CLARKSDALE, MS 38614-7202 NOVEMBER TIGER TEXT P.O.#

ACCOUNT MANAGER	DATE ORDERED DATE S	SHIPPED VIA		TERMS	
MATT MAJOR	12-28-17 8-2	21-18 ELECTRONIC DIST	RIBUTION	BUTION CPG Net 60	
ORDER SHIPPED	ITEM NUMBER DESCRIPTI	ION	u	NIT PRICE	EXTENSION
	<pre>FRACT: HEALTHTRUS ACT #: HPG-2500 MFG#:TTCHSUCUSEF</pre>	TEXT CHS UC USER ST PRICING-SOFTWARE R stribution - NO MEDIA		1.00	14.00
Cost Center: Quote/Order	Source:	Subtotal Freight: Sales Ta			14.00 .00 .00

PLEASE REMIT PAYMENT TO:

**CDW Government** 

75 Remittance Drive, Suite 1515, Chicago, IL 60675-1515

ISO 9001:2011 CERTIFIED

U.S. Currency

14.00

INVOICE

TOTAL

TERMS AND CONDITIONS OF SALE:
THE TERMS AND CONDITIONS OF SALE ARE LIMITED TO THOSE
ON CDW'S WEBSITE AT CDW.COM. NOTICE OF OBJECTION TO
AND REJECTION OF ANY ADDITIONAL OR DIFFERENT TERMS IN
ANY FORM DELIVERED BY CUSTOMER IS HEREBY GIVEN.

SUPPORT NUMBERS:
Technical Support Toll-free: (800) 383-4239
Repairs Toll-free: (866) 465-6555 or CDWrepaircoordinators@cdw.com
Customer Relations Toll-free: (866) 782-4239
or Customer Relations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

ATTN ACCTS PAYABLE

CLARKSDALE, MS

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Tax Identification 36-4230110

NQN3569

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	INVOICE NO.	A CCOUNT N	NO. INVOICE DATE
	NQN3569	184152	0 8-03-18
749 CI	ARKSDALE	CURAE ST	ORES

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S
O PO BOX 1218
I P

38614-1218

75 Remittance Drive, Suite 1515, Chicago, IL 60675-1515

1 1970 HOSPITAL DR NORTHWEST MISSISSIPPI MEDICAL CTR

T YATASHA MUSKIN

O CLARKSDALE, MS 38614-7202

P.O.# 749-6773638

6626273211			P.O.# 749-67	/3638			
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS			
MATT MAJOR	7-23-18	8-03-18	8-03-18	8-03-18	FEDEX Ground	Net 60	-verbal
ORDER SHIPPED	ITEM NUMBER D	ESCRIPTION		UNIT PRICE	EXTENSION		
CONTR CONTRAC	ACT: HEALTI T #: HPG-29 IFG#:910-009 ource: ant Number:	HTRUST PRI 500 2974 1841520-0	25 MOUSE-BLK CCING-CATALOG  002 54029535 Subtotal: Freight: Sales Tax:	13.87	13.8 .0 .0		
					U.S. Currency		

ISO 9001:2011

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SUPPORT NUMBERS:
Technical Support Toll-free: (800) 383-42.39
Repairs Toll-free: (866) 465-6555 or CDWrepaircoordinators@cdw.com
Customer Relations Toll-free: (866) 782-42.39
or CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

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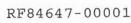
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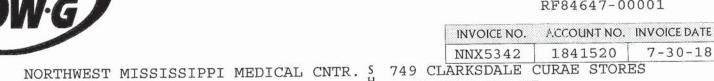
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NNX5342

7-30-18

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1970 HOSPITAL DR PO BOX 1218

NORTHWEST MISSISSIPPI MEDICAL CTR

YATASHA MUSKIN ATTN ACCTS PAYABLE T CLARKSDALE, MS

0 CLARKSDALE, MS 38614-7202 38614-1218

6626273211 ACCOUNT MANAGER	DATE ORDERED DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	7-30-18 7-30-18	FEDEX Ground	Net 60	-verbal
	EM NUMBER DESCRIPTION		UNIT PRICE	EXTENSION
CONTRACT		-SPEED HDMI W/ENET CING-CATALOG	8.74	17.48
CONTRACT CONTRACT MF Original Order Original Order Cost Center: Quote/Order Sou	ACT: HEALTHTRUST PRI T #: HPG-2500 FG#:HDMM6 Price: 4.88 Quantity: 7	002	4.88	34.1
LEASE REMIT PAYM			INVOICE TOTAL	U.S. Currency Continue

CDW Government

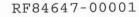
75 Remittance Drive, Suite 1515, Chicago, IL 60675-1515

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Repairs Toil-free: (866) 465-6555 or CDWrepaircoordinators@cdw.com
Customer Relations Toil-free: (866) 782-4239
or CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

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	INVOICE NO.	INVOICE NO. ACCOUNT NO. INVOICE DATE			
		NNX5342	1841520	7-30-18	
MODTHWEST MISSISSIPPI MEDICAL CNTR.	S 749	CLARKSDALE	CURAE STOR	ES	

NORTHWEST MISSISSIPPI PO BOX 1218

ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218

6626273211

1970 HOSPITAL DR

NORTHWEST MISSISSIPPI MEDICAL CTR P

YATASHA MUSKIN

38614-7202 CLARKSDALE, MS

P.O.# 749-6777410

00202/3211					
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	7-30-18	7-30-18	FEDEX Ground	Net 60	-verbal
ORDER SHIPPED	ITEM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
			Subtotal: Freight: Sales Tax:		51.64
PLEASE REMIT PAY				INVOICE TOTAL	U.S. Currency 51.64

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Customer Relations Toll-free: (866) 782-4239
or CustomerRelations@CDW.com
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Curbside@cdw.com

CLARKSDALE, MS

NMJ7565

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	INVOICE NO.	ACCOUNT NO.	INVOICE DATE
	NMJ7565	1841520	7-24-18
NWMRMC	<u> </u>	J	

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5 0 PO BOX 1218 D P ATTN ACCTS PAYABLE Т Ò

38614-1218

ATTN: MICHAEL RAUCH 0 CLARKSDALE, MS 38614

1970 HOSPTIAL DRIVE

749-6764370

6626273211			P.O.# 749-6764370				
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS			
MATT MAJOR	7-23-18	7-24-18	DROP SHIP-GROUND	Net 60	-verbal		
ORDER SHIPPED I	TEM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION		
CONTRACT	ACT: HEALTH T #: HPG-25 FG#:M750L	HTRUST PRI	MEDICAL GRADE UPS 750V CING-CATALOG	438.13	438.1		
			Subtotal: Freight: Sales Tax:		438.1		
EASE REMIT PAYM CDW Governmer				INVOICE TOTAL	U.S. Currency 438.1		

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Customer Relations Toll-free: (866) 782-4239
or CustomerRelations@CDW.com
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Curbside@cdw.com

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Tax Identification 36-4230110

NML2528

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INVOICE NO.	ACCOUNT NO.	INVOICE DATE
NML2528	1841520	7-24-18

PO BOX 1218 P

NORTHWEST MISSISSIPPI MEDICAL CNTR. S NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR

ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211

0 CLARKSDALE, MS 38614 749-6773638

6626273211			P.O.# 749-6773638				
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS			
MATT MAJOR	7-24-18	7-24-18	FEDEX Ground	Net 60	-verbal		
ORDER SHIPPED	ITEM NUMBER DE	SCRIPTION		UNIT PRICE	EXTENSION		
1 1 CONTR CONTRAC	2714071 LC ACT: HEALTH T #: HPG-25 IFG#:910-002	ITRUST PRI 500	Subtotal: Freight: Sales Tax:	13.87	13.87 13.87 .00		
PLEASE REMIT PAYN		<del>11 3 - 155</del> ( ) - 10 1 1 - 10 7 - 10		INVOICE TOTAL	U.S. Currency 13.8		

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Customer Relations Toll-free: (866) 782-4239
or CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

NMG8856

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#### PZ85088-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
NMG8856	1841520	7-23-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5 749 CLARKSDALE CURAE STORES S PO BOX 1218 D

1970 HOSPITAL DR NORTHWEST MISSISSIPPI MEDICAL CTR

ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211

YATASHA MUSKIN 38614-7202 CLARKSDALE, MS P.O.# 749-6764885

00202/3211			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA		TERMS	
MATT MAJOR	7-06-18	7-23-18	FEDEX Ground		Net 60	-verbal
ORDER SHIPPED ITE	M NUMBER DE	SCRIPTION			UNIT PRICE	EXTENSION
CONTRACT	CT: HEALTF #: HPG-25 G#:ST4300M Price: 17	HTRUST PRI 500 MINU3B .34	PT PORTABLE USB (	3.0 HUB	17.34	34.68
CONTRA CONTRACT	CT: HEALTE #: HPG-25 G#:ICUSB23 Price: 12	HTRUST PR 500 32V2 .57	BB TO RS232 SERIA	AL ADAP	12.57	25.14
CONTRA CONTRACT	CT: HEALTI #: HPG-2! G#:P134-00 Price: 13	HTRUST PR 500 5N-VGA .57	DISPLAYPORT TO V ICING-CATALOG	GA ADAP	13.57	54.28
16 16 2	009229 S	EAT, SHIEL	D SLVR STORM USB	KB-BLK	35.04	560.64
PLEASE REMIT PAYME	NT TO:	backs stream but to the standard short			INVOICE TOTAL	U.S. Currency Continued

75 Remittance Drive, Suite 1515, Chicago, IL 60675-1515

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TERMS AND CONDITIONS OF SALE:
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Customer Relations Toll-free: (866) 782-4239
or Customer Relations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

NMG8856

Z248 /



### PZ85088-00001

INVOICE NO. ACCOUNT NO. INVOICE DATE

T. Ballato			NMG8856 1841520 7-23-18
5	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218	Н	
	ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218	T	YATASHA MUSKIN CLARKSDALE, MS 38614-7202 PO# 749-6764885

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	7-06-18	7-23-18	FEDEX Ground	Net 60	-verbal
ORDER SHIPPED ITE	M NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRACT MFC Original Order CONTRACT  16 16 13 CONTRACT CONTRACT	#: HPG-29 #:STK503 Price: 35 Quantity:  824776 SI CT: HEALTI #: HPG-29 G#:SSM3 Price: 36 Quantity:  CCe: Number:	500 .04 .16 EAL SHIELE HTRUST PRI 500 .01 .01 .16		36.01	576.16
LEASE REMIT PAYME				INVOICE TOTAL	U.S. Currency Continue

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Z248 /

PZ85088-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
NMG8856	1841520	7-23-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. S

PO BOX 1218

SOLD ATTN ACCTS PAYABLE

> CLARKSDALE, MS 38614-1218

6626273211

749 CLARKSDALE CURAE STORES

1970 HOSPITAL DR

NORTHWEST MISSISSIPPI MEDICAL CTR

YATASHA MUSKIN T

CLARKSDALE, MS 38614-7202

P.O.# 749-6764885

6626273211			P.O.# /49-6/64885			
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS		
MATT MAJOR	7-06-18	7-23-18	FEDEX Ground	Net 60	-verbal	
ORDER SHIPPED	ITEM NUMBER DE	SCRIPTION		UNIT PRICE	EXTENSION	
			Subtotal: Freight: Sales Tax:		1250.90 .00 .00	
PLEASE REMIT PAYI				INVOICE TOTAL	U.S. Currency 1250.90	

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NGV3409

Z248 /



JWWR957-00001

INVOICE NO. ACCOUNT NO. INVOICE DATE

			NGV12400 1041500 5 02 10
			NGV3409   1841520   7-03-18
S	NORTHWEST MISSISSIPPI MEDICAL CNTR.	S	NORTHWEST MISSISSIPPI MEDICAL CNTR.
O L D	PO BOX 1218	H I P	1970 HOSPITAL DR
Т	ATTN ACCTS PAYABLE	Т	
)	CLARKSDALE, MS 38614-1218	0	CLARKSDALE, MS 38614
	6626273211		P.O.# 749-6763748

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	7-03-18	7-03-18	FEDEX Ground	Net 60	-verbal
ORDER SHIPPED I	TEM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
CONTR. CONTRAC		HTRUST PRI	EDISPLAY E273 27" MON CCING-HP INC.	235.12	235.12
Cost Center:					
Quote/Order So	urce:		Subtotal: Freight: Sales Tax:		235.1
EASE REMIT PAYM			4	INVOICE TOTAL	U.S. Currency 235.1

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NFZ9225

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INVOICE NO.	ACCOUNT NO.	INVOICE DATE
NFZ9225	1841520	6-28-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. S NWMRMC PO BOX 1218 P

1970 HOSPTIAL DRIVE

ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211

ATTN: MICHAEL RAUCH CLARKSDALE, MS 38614 P.O.# 749-6760519C

662627321	1		P.O.# 749-6760519C				
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS			
MATT MAJOR	6-28-18	6-28-18	FEDEX Ground	Net 60	-verbal		
ORDER SHIPPED	ITEM NUMBER DE	ESCRIPTION		UNIT PRICE	EXTENSION		
CONTRA		HTRUST PRI 500	7160 COL DUPLX 60PPM U CING-FUJITSU	921.32	1842.64		
CONTRA		HTRUST PRI	550-SHEET PAPER TRAY CING-HP INC.	171.41	342.83		
CONTRA		HTRUST PRI	ENTERPRISE M607N CCING-HP INC.	580.98	580.9		
CONTRA		HTRUST PRI	PC MOUNTING BRACKET	21.69	43.3		
2 2	4462375 H	P SB 800 (	33 I5-7500T 256GB 8GB W	797.68	1595.3		
PLEASE REMIT PAY CDW Governm				INVOICE TOTAL	U.S. Currency Continued		

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NFZ9225

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JWRK483-00002

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
NFZ9225	1841520	6-28-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5

PO BOX 1218

SOLD

P

ATTN ACCTS PAYABLE

CLARKSDALE, MS 38614-1218 6626273211

NWMRMC

ATTN: MICHAEL RAUCH

0 CLARKSDALE, MS 38614

1970 HOSPTIAL DRIVE

P.O.# 749-6760519C

6626273211			P.O.# /49-6/6051	P.O.# 749-6760519C			
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS			
MATT MAJOR	6-28-18	6-28-18	FEDEX Ground	Net 60	-verbal		
ORDER SHIPPED ITE	M NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION		
CONTRACT MF(  2 2 4  CONTRACT CONTRACT	#: HPG-25 G#:1FY84U 754470 HI CT: HEALTE #: HPG-25 G#:1FH45A	500 r#ABA P ELITEDIS HTRUST PRI 500	CING-HP INC.  SPLAY E223 MON US 21.51 CING-HP INC.  Subtotal: Freight: Sales Tax:	138.31	276.62 4681.8 .0		
LEASE REMIT PAYME CDW Government				INVOICE TOTAL	U.S. Currency 4681.8		

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Tax Identification 36-4230110

NFB2086

Z248 /

JVMV780-00016

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
NFB2086	1841520	6-25-18

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S NORTHWEST MISSISSIPPI MEDICAL CNTR. DO BOX 1218 1970 HOSPITAL DR 197

0020273211				
ACCOUNT MANAGER	DATE ORDERED DATE SHIPPE	D SHIPPED VIA	TERMS	
MATT MAJOR	6-04-18 6-25-3	18 FEDEX Ground	Net 60	Days-Heal
ORDER SHIPPED ITE	EM NUMBER DESCRIPTION		UNIT PRICE	EXTENSION
CONTRA CONTRACT	672381 VIZIO D-8 CT: HEALTHTRUST I #: HPG-2500 G#:D40F-E1	SERIES 40IN LED SMART TV PRICING-CATALOG	298.60	597.20
Cost Center:				
Quote/Order Sou	rce:	Subtotal: Freight: Sales Tax:		597.20 .00
LEASE REMIT PAYME			INVOICE TOTAL	U.S. Currency 597.2

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INVOICE NO.

NDM4043

Z248 /

ACCOUNT NO. INVOICE DATE



JVMV780-00014

1181			NDM4043 1841520 6-21-18
S O L D	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218		NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR
T O	ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218	T O	CLARKSDALE, MS 38614

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
ATT MAJOR	6-04-18	6-21-18	FEDEX Ground	Net 60	Days-Healt
ORDER SHIPPED ITE	M NUMBER D	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRAC CONTRACT		HTRUST PRI 500	RIES 40IN LED SMART TV CCING-CATALOG	298.60	895.80
Cost Center: Quote/Order Sour	rce:		Subtotal: Freight: Sales Tax:		895.80 .00 .00
EASE REMIT PAYMEI				INVOICE TOTAL	U.S. Currency 895.80

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INVOICE NO.	ACCOUNT NO.	INVOICE DAT
NCD3571	1841520	6-15-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. S

PO BOX 1218

ATTN ACCTS PAYABLE

O CLARKSDALE, MS 38614-1218

6626273211

749 CLARKSDALE CURAE STORES

1970 HOSPITAL DR

P NORTHWEST MISSISSIPPI MEDICAL CTR

T YATASHA MUSKIN

O CLARKSDALE, MS 38614-7202

P.O.# 749-6751111

6626273211 P.O.# 749-6			P.O.# /49-6/5111	111		
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS		
MATT MAJOR	6-12-18	6-15-18	FEDEX Ground	CPG Ne	t 60	
ORDER SHIPPED ITE	EM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION	
CONTRA CONTRACT	CT: HEALTH #: HPG-25 G#:BR700G Price: 106 Quantity: .rce: .t Number:	HTRUST PRI 500 5.7 1 1841520-0	002	106.70	106.70	
PLEASE REMIT PAYME CDW Government				INVOICE TOTAL	U.S. Currency	

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NBN5487

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INVOICE NO.	ACCOUNT NO.	INVOICE DATE
NBN5487	1841520	6-13-18

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S
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PO BOX 1218
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P

NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR

ATTN ACCTS PAYABLE

CLARKSDALE, MS 38614-1218 6626273211

CLARKSDALE, MS 38614 P.O.# 749-6751933

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPE	D VIA		TER	MS
MATT MAJOR	6-13-18	6-13-18	UPS Next	Day	10:30, mo	os CPG I	Net 60
ORDER SHIPPED IT	TEM NUMBER D	ESCRIPTION				UNIT PRICE	EXTENSION
CONTRACT		HTRUST PRI 500	GIS PADLOC		rb USB HD	204.2	9 204.29
Cost Center:							
Quote/Order Sou	arce:		Fr	ubto reigh ales			204.2
LEASE REMIT PAYM						INVOIC TOTAL	E U.S. Currency 236.2

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NBQ1696

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JVMV780-00012

INVOICE NO. ACCOUNT NO. INVOICE DATE

			NBQ1696 1841520 6-13-18
S O L D	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218	S H I P	NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR
T O	ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218	O	CLARKSDALE, MS 38614 P.O.# 749-6744661C

66262/3211			r.O.# /43-6/4460	, 10	
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	6-04-18	6-13-18	FEDEX Ground	Net 60	Days-Heal
ORDER SHIPPED IT	EM NUMBER DE	SCRIPTION		UNIT PRICE	EXTENSION
CONTRACT		TRUST PRI	USB SHIELD CAB-STRAIGH CING-CATALOG	36.00	1224.00
Cost Center:					
Quote/Order Sou	arce:		Subtotal: Freight: Sales Tax:		1224.00
PLEASE REMIT PAYMI				INVOICE TOTAL	U.S. Currency 1224.00

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JVMV780-00010

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
MZZ5708	1841520	6-11-18
THWEST MISSIS	SSIPPI MEDI	ICAL CNTR.

NORTHWEST MISSISSIPPI MEDICAL CNTR. S SOLD PO BOX 1218 P T

NORTHWE 1970 HOSPITAL DR

ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211

CLARKSDALE, MS 38614 P.O.# 749-6744661C

00202/3211					
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	******
MATT MAJOR	6-04-18	6-11-18	FEDEX Ground	Net 60	Days-Heal
ORDER SHIPPED IT	EM NUMBER DE	SCRIPTION		UNIT PRICE	EXTENSION
CONTRA CONTRACT		HTRUST PRI 500	330 MOBILE COMPUTER 2.5 CCING-CATALOG	412.25	1236.7
Cost Center: Quote/Order Sou	rce:		Subtotal: Freight: Sales Tax:		1236.7 .0 .0
LEASE REMIT PAYMI				INVOICE TOTAL	U.S. Currency 1236.7

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	INVOICE NO.	ACCOUNT NO.	INVOICE DATE
	MZG4900	1841520	6-07-18
829 CL	ARKSDALE	STORES	

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5

PO BOX 1218

1970 HOSPITAL DR

ATTN ACCTS PAYABLE 0

CLARKSDALE, MS 38614-1218

6626273211

NORTHWEST MISSISSIPPI REGIONAL MED T

0 CLARKSDALE, MS 38614-7202

P.O.# 749-6744661C

66262/3211			1.0.11 /45 0/110	010	
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	6-04-18	6-07-18	ELECTRONIC DISTRIBUTI	ON Net 60	Days-Heal
ORDER SHIPPED IT	TEM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRA	ACT: MARKET FG#:SEP-NEW	r W-S-500-1F	C L+M 500-999 1Y C-1Y ntion - NO MEDIA	15.70	8635.00
Cost Center: Quote/Order Sou	urce:		Subtotal: Freight: Sales Tax:		8635.0
PLEASE REMIT PAYM				INVOICE TOTAL	U.S. Currency 8635.0

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INVOICE NO. ACCOUNT NO. INVOICE DATE

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	MXS	54044	Į.	184	11!	520	6-0	05-18	
NORTHW	EST	MISS	SIS	SIPI	PI	MED	ICAL	CNTR.	
1970 H	OSP:	ITAL	DR						

0 PO BOX 1218 D ATTN ACCTS PAYABLE T Ó CLARKSDALE, MS 38614-1218 6626273211

NORTHWEST MISSISSIPPI MEDICAL CNTR.

CLARKSDALE, MS 38614 P.O.# 749-6744661C

6626273211			P.O.# /49-6/446	9 T.C	
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	6-04-18	6-05-18	FEDEX Ground	Net 60	Days-Heal
ORDER SHIPPED IT	EM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRA CONTRACT		HTRUST PRI 500	SB SHIELD COIL CAB CING-CATALOG	66.96	468.72
CONTRA CONTRACT		HTRUST PRI 500	8 RUGGED SR 1D SCANNER CING-CATALOG 31W	795.84	3183.36
Cost Center: Quote/Order Sou	rce:		Subtotal: Freight: Sales Tax:		3652.00 .00
PLEASE REMIT PAYME		- American Territor (1981)	<del>na a a a a a a a a a a a a a a a a a a </del>	INVOICE TOTAL	U.S. Currency 3652.0

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	INV	OICE NO.	ACCOUN	IT NO.	INVOI	CE DATE
	MXI	2530	1841	520	6-0	)4-18
NORTHW	EST	MISSI	SSIPPI	MED	ICAL	CNTR.

NORTHWEST MISSISSIPPI MEDICAL CNTR. S PO BOX 1218 P

1970 HOSPITAL DR

ATTN ACCTS PAYABLE 38614-1218 CLARKSDALE, MS 6626273211

CLARKSDALE, MS 38614 P.O.# 749-6744661C

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR		6-04-18	6-04-18	Net 60 Days-Hea		
ORDER	SHIPPED I	TEM NUMBER DE	ESCRIPTION		UNIT PRICE	EXTENSION
2	CONTRAC'	3021135 ZF ACT: HEALTF T #: HPG-25 FG#:LS2208-	HTRUST PRI 500	08 1D SR USB KIT W/STD CCING-CATALOG	115.75	231.50
41	CONTR CONTRAC		HTRUST PRI 500	08-HC USB KIT CCING-CATALOG AZW	265.76	10896.16
5	CONTR CONTRAC		HTRUST PRI	JLL MOTION TV WALL MOUN	53.30	266.50
2	CONTR CONTRAC		HTRUST PRI 500	IM DOCKING STATION G2 ICING-HP INC.	102.15	204.30
2	2	4964633 H	P SB 840 (	G5 I5-8250U 256/8 W10P	1400.01	2800.02
	EMIT PAYM				INVOICE TOTAL	U.S. Currency Continued

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Customer Relations Toll-free: (866) 782-4239
or CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Tax Identification 36-4230110

MXL2530

Z248 /



JVMV780-00004

INVOICE NO. ACCOUNT NO. INVOICE DATE

			[80.007000+0090000000000000000000000000000		
			MXL2530	1841520	6-04-18
S O L D	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218	S H I P	NORTHWEST MISSIS		ICAL CNTR.
T O	ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218	T O	CLARKSDALE, MS		

ACCOUNT	MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
LAM TTAN	OR	6-04-18	6-04-18	FEDEX Ground	Net 60	Days-Heal
ORDER	SHIPPED	ITEM NUMBER DE	ESCRIPTION		UNIT PRICE	extension
	CONTRAC	RACT: HEALTH CT #: HPG-25 MFG#:3RF07UT	500	CING-HP INC.		
16	CONTRAC		HTRUST PRI 500	3 I5-7500 256GB 8GB CING-HP INC.	W1 1127.90	18046.40
8	CONTRAC		HTRUST PRI 500	0 SERIES COMBO ARM B	LK 412.66	3301.28
8	CONTRAC	4599393 HEALTH CT #: HPG-25 MFG#:L0H17A		Y 171.41	1371.28	
4	4 CONTE			CENTERPRISE M607N CCING-HP INC.	580.98	2323.92
- 기가에 내 보기 있었다. 그렇게 뭐 되었다.	MIT PAYN	MENT TO:			INVOICE TOTAL	U.S. Currency Continued

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MXL2530

Z248 /

JVMV780-00004

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
MXL2530	1841520	6-04-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5 PO BOX 1218 P

NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR

ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211

0 CLARKSDALE, MS 38614 749-6744661C P.O.#

00202	2/2211			110.11 723 072				
ACCOUNT MANAGER DATE ORDERED DATE SHIPPED				SHIPPED VIA	TERMS	TERMS		
MATT MAJOR		6-04-18	6-04-18	FEDEX Ground	Net 60	Days-Healt		
ORDER SH	IIPPED IT	EM NUMBER DI	SCRIPTION		UNIT PRICE	EXTENSION		
1	MF 1 3 CONTRACT		BGJ PLJ PRO S TRUST PRI	SHEET FEEDER 550 PAGE	123.48	123.48		
4 C0	CONTRACT	826576 H ACT: HEALTH T #: HPG-2! FG#:C5F93A	500	189.00	756.00			
1 C0	CONTRACT	8808153 H ACT: HEALTI C #: HPG-2! FG#:CF388A	500	249.00	249.00			
14 C0	CONTRA		HTRUST PR	O PC MOUNTING BRACKET ICING-HP INC.	21.69	303.66		
PLEASE REMIT					INVOICE TOTAL	U.S. Currency Continued		

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## JVMV780-00004

31	INV	OICE NO.	ACCOUN	IT NO.	INVOI	CE DATE
	MXI	2530	1841	520	6-0	04-18
RTHW	EST	MISSI	SSIPPI	MED	ICAL	CNTR.

SOLD NORTHWEST MISSISSIPPI MEDICAL CNTR. 5 PO BOX 1218

1970 HOSPITAL DR

ATTN ACCTS PAYABLE

P T

CLARKSDALE, MS 38614-1218 6626273211

0 CLARKSDALE, MS 38614 P.O.# 749-6744661C

ACCOUNT	MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	S
MATT MAJOR 6		6-04-18	18 6-04-18 FEDEX Ground		Net 60	Days-Healt
ORDER	SHIPPED IT	TEM NUMBER DI	SCRIPTION		UNIT PRICE	EXTENSION
14	14 CONTRACT		PELITEDIS HTRUST PRI	SPLAY E223 MON US 21 CCING-HP INC.	.51 138.31	1936.34
19	CONTRACT		HTRUST PRI	33 I5-7500T 256GB 8G	в w 797.68	15155.92
4	CONTRAC'	2460622 ZI ACT: HEALTI I #: HPG-2! FG#:GX42-10	HTRUST PRI 500	TT 203DPI USB/SER/ CCING-CATALOG	ENE 557.48	2229.92
2	CONTRAC'		HTRUST PR	D DT 203 SER USB ENE ICING-CATALOG Z	T Z 917.04	1834.08
	MIT PAYM Governmer			A CONTRACT OF THE PARTY OF THE	INVOICE TOTAL	U.S. Currency Continued

CDW Government

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MXL2530

Z248 /



JVMV780-00004

INVOICE NO. ACCOUNT NO. INVOICE DATE

Carried Con-			MXL2530 1841520 6-04-18
5	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218	S H I P	NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR
5	ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211	T O	CLARKSDALE, MS 38614 P.O.# 749-6744661C

00202	12211			1.0111 / 13 0	, 11001		
ACCOUNT MANA	AGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA		TERMS	
MATT MAJOR		6-04-18	6-04-18	FEDEX Ground		Net 60	Days-Heal
ORDER SHII	PPED ITE	M NUMBER DI	SCRIPTION		Į.	UNIT PRICE	EXTENSION
	CONTRA NTRACT		HTRUST PRI 500	NITOR WALL MOUNT CING-CATALOG		21.22	127.32
	CONTRA NTRACT		HTRUST PRI 500	3 I5-7500 256GB 8G	B W1	1265.46	7592.76
	CONTRA NTRACT		HTRUST PRI 500	7700 100PPM SCANNE CING-FUJITSU	R	5421.38	5421.38
	CONTRA NTRACT		HTRUST PRI 500	7160 COL DUPLX 60P CING-FUJITSU	PM U	921.32	14741.12
PLEASE REMIT CDW Gov						NVOICE TOTAL	U.S. Currency Continued

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INVOICE NO.

Z248 /



JVMV780-00004

ACCOUNT NO. INVOICE DATE

			MXL2530 1841520 6-04-18
S O L D	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218	S H I P	NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR
T O	ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211	T O	CLARKSDALE, MS 38614 P.O.# 749-6744661C

66262/3211			P.O.# 749-679	TOOLC	
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	6-04-18	6-04-18	FEDEX Ground	Net 60	Days-Heal
ORDER SHIPPED IT	EM NUMBER D	ESCRIPTION		UNIT PRICE	EXTENSION
Cost Center: Quote/Order Sou	rce:		Subtotal: Freight: Sales Tax:		89912.34 .00 .00
PLEASE REMIT PAYMI CDW Governmen		-4000		INVOICE TOTAL	U.S. Currency 89912.34

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CLARKSDALE, MS

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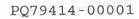
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Tax Identification 36-4230110

MXC5657

Z248 /



		INVOICE NO.	ACCOL	INT NO.	INVOICE DATE
		MXC5657	1843	L520	6-01-18
749	CL	ARKSDALE	CURAE	STORE	ES

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5 PO BOX 1218

1970 HOSPITAL DR

NORTHWEST MISSISSIPPI MEDICAL CTR

YATASHA MUSKIN ATTN ACCTS PAYABLE

38614-1218

38614-7202 CLARKSDALE, MS

6626273211		8	P.O.# 749-674176	0	
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	5-29-18	6-01-18	DROP SHIP-GROUND	CPG Net	t 60
ORDER SHIPPED IT	EM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRACTOR	ACT: HEALTH I #: HPG-4' FG#:DS-SFP- Price: 278 Quantity: arce: nt Number:	HTRUST STO 789 -GE-T= 8.29 2	COPPER SFP RJ-45 SPARE DRAGE PRICING-CA  OO2 147719760 Subtotal: Freight: Sales Tax:	254.20	508.40
PLEASE REMIT PAYM				INVOICE TOTAL	U.S. Currency 508.4

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Tax Identification 36-4230110

MPH4831

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INVOICE NO.	ACCOUNT NO.	INVOICE DATE
MPH4831	1841520	5-02-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5 PO BOX 1218

NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR

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ATTN ACCTS PAYABLE 38614-1218 CLARKSDALE, MS 6626273211

0 CLARKSDALE, MS 38614 P.O.# 749-6724265CE

6626273211			1.0.11 /13 0/2120	002	
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	5-02-18	5-02-18	FEDEX Ground	CPG Net	t 60
ORDER SHIPPED ITE	EM NUMBER DE	SCRIPTION		UNIT PRICE	EXTENSION
CONTRA CONTRACT		TRUST PRI	33 I5-6500 512GB 8GB W7	901.92	901.92
CONTRACT		TRUST PRI	SPLAY E223 MON US 21.51 CING-HP INC.	138.31	138.31
Cost Center: Quote/Order Sou	arce:		Subtotal: Freight: Sales Tax:		1040.23
PLEASE REMIT PAYMI				INVOICE TOTAL	U.S. Currency 1040.23

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MPD0651

Z248 /



JSXZ269-00001

INVOICE NO. ACCOUNT NO. INVOICE DATE

San San			MPD0651 1841520 5-01-18
S O L D	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218	S H I P	NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR
T O	ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211	T O	CLARKSDALE, MS 38614 P.O.# 749-6724265CE

00202/3211					
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	5-01-18	5-01-18	FEDEX Ground	CPG Ne	t 60
ORDER SHIPPED IT	EM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRA CONTRACT		HTRUST PRI 500	33 I5-6500 512GB 8GB W7 CCING-HP INC.	901.92	901.92
CONTRA CONTRACT		HTRUST PRI 500	SPLAY E223 MON US 21.51 CING-HP INC.	138.31	138.3
Cost Center: Quote/Order Sou	rce:		Subtotal:		1040.2
			Freight: Sales Tax:		. 0
PLEASE REMIT PAYME CDW Governmen				INVOICE TOTAL	U.S. Currency 1040.2

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Tax Identification 36-4230110

MNV7231

G905 /

JSWT406-00001

INVOICE NO.	'ACCOUNT NO.	INVOICE DATE
MNV7231	1841520	4-30-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5

PO BOX 1218

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ATTN ACCTS PAYABLE

6626273211

38614-1218 CLARKSDALE, MS

749 CLARKSDALE CURAE STORES

1970 HOSPITAL DR

NORTHWEST MISSISSIPPI MEDICAL CTR

YATASHA MUSKIN

CLARKSDALE, MS 38614-7202

P.O.# 749-6688635

6626273211			P.O.# /49-666663	55	
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
JEREMY KAHN	4-30-18	4-30-18	FEDEX Ground	Net 60	-verbal
ORDER SHIPPED I	TEM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
CONTR CONTRAC		HTRUST PRI	TRIUM 1.6TB RW DATA TAP CCING-HP ENTERPR	18.86	377.2
Cost Center: Quote/Order So	ource:		Subtotal: Freight: Sales Tax:		377.2
PLEASE REMIT PAYN CDW Governme				INVOICE TOTAL	U.S. Currency

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Z248 /



PB79200-00001

INVOICE NO. ACCOUNT NO. INVOICE DATE

-			MKS1657 1841520 4-17-18
)	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218	S	749 CLARKSDALE CURAE STORES 1970 HOSPITAL DR
)		P	NORTHWEST MISSISSIPPI MEDICAL CTR
	ATTN ACCTS PAYABLE		YATASHA MUSKIN
)	CLARKSDALE, MS 38614-1218	0	CLARKSDALE, MS 38614-7202

6626273211 P.O.# 749-669850				)3		
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS		
MATT MAJOR	3-26-18	4-17-18	FEDEX Ground	Net 60	-verbal	
ORDER SHIPPED I	TEM NUMBER DE	ESCRIPTION		UNIT PRICE	EXTENSION	
CONTRAC	ACT: HEALTH T #: HPG-25 FG#:1093C00  urce: nt Number:	HTRUST PRI 500 )1 1841520-0	SHOT ELPH 180 20MP SIL CING-CATALOG  002 40173641 Subtotal: Freight: Sales Tax:	120.69	120.69	
LEASE REMIT PAYM				INVOICE TOTAL	U.S. Currency	

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MJR3419

Z248 /

PF83477-00002

INVOICE NO.	' ACCOUNT NO.	INVOICE DATE
MJR3419	1841520	4-11-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5

PO BOX 1218

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ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218

6626273211

749 CLARKSDALE CURAE STORES

1970 HOSPITAL DR

NORTHWEST MISSISSIPPI MEDICAL CTR P

YATASHA MUSKIN

CLARKSDALE, MS 38614-7202

P.O.# 749-6710222

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	4-11-18	4-11-18	FEDEX Ground	CPG Ne	t 60
ORDER SHIPPED ITEM	M NUMBER DE	SCRIPTION		UNIT PRICE	EXTENSION
CONTRAC CONTRACT	CT: HEALTH #: HPG-25 #:DTSE9G2 Price: 26	HTRUST PRI 500 2/64GB .9	AGB USB3 DT SE9G2 CCING-CATALOG	26.90	53.80
1 1 32 CONTRAC CONTRACT	274715 TCT: HEALTI #: HPG-25 G#:H6Y75UT	OTAL MICRO HTRUST PRI 500 F#ABA-TM	O 4GB SODIMM DDR3L-1600 ICING-CATALOG	39.17	39.17
8 8 47 CONTRACT	754470 H CT: HEALT #: HPG-2 G#:1FH45A Price: 13	P ELITEDIS HTRUST PR 500 A#ABA 8.31	SPLAY E223 MON US 21.5I ICING-HP INC.	138.31	1106.48
PLEASE REMIT PAYME CDW Government				INVOICE TOTAL	U.S. Currency Continued

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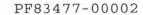
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Thank you for your business.

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MJR3419

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INVOICE NO.	ACCOUNT NO.	INVOICE DATE
MJR3419	1841520	4-11-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5

PO BOX 1218

0

1970 HOSPITAL DR

D ATTN ACCTS PAYABLE NORTHWEST MISSISSIPPI MEDICAL CTR

749 CLARKSDALE CURAE STORES

CLARKSDALE, MS 38614-1218 6626273211

YATASHA MUSKIN

CLARKSDALE, MS 38614-7202

749-6710222

6626273211 P.O.# 749-6710				10222			
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS			
MATT MAJOR	4-11-18	4-11-18	FEDEX Ground	CPG Ne	t 60		
ORDER SHIPPED	ITEM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION		
CONTRAC	RACT: HEALTH CT #: HPG-25 MFG#:MZ-76E2 r Price: 87 r Quantity: ource: unt Number:	HTRUST PRI 500 250E .22 10		87.22	2071.6		
LEASE REMIT PAYN				INVOICE TOTAL	U.S. Currency 2071.6		

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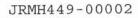
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Tax Identification 36-4230110

MGN5273

Z248 /



INVOICE NO.	ACCOUNT NO.	INVOICE DATE
MGN5273	1841520	4-02-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. S S

PO BOX 1218

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T

ATTN ACCTS PAYABLE

38614-1218 CLARKSDALE, MS 6626273211

1970 HOSPTIAL DRIVE P

NWMRMC

ATTN: MICHAEL RAUCH

CLARKSDALE, MS 38614

00 "	749-6703043C
P.O.#	143-01030430

6626273211		P.O.# 743-670304	:50	
ACCOUNT MANAGER	DATE ORDERED DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	4-02-18 4-02-18	8 FEDEX Ground	NET 30	-VERBAL
ORDER SHIPPED I	TEM NUMBER DESCRIPTION		UNIT PRICE	EXTENSION
CONTR. CONTRAC	2030777 SEAL SHIE ACT: HEALTHTRUST P T #: HPG-2500 FG#:STM042	LD SIL STORM OP USB MOU RICING-CATALOG	35.48	887.00
CONTR. CONTRAC	4754470 HP ELITED ACT: HEALTHTRUST P T #: HPG-2500 FG#:1FH45AA#ABA	ISPLAY E223 MON US 21.51 RICING-HP INC.	138.31	3457.75
CONTR CONTRAC	2009229 SEAL SHIE ACT: HEALTHTRUST P T #: HPG-2500 FG#:STK503	LD SLVR STORM USB KB-BLK RICING-CATALOG	35.04	876.0
CONTR CONTRAC	4462375 HP SB 800 ACT: HEALTHTRUST P T #: HPG-2500 FG#:1FY84UT#ABA	G3 I5-7500T 256GB 8GB WRICING-HP INC.	789.00	19725.0
25 25	4564456 3M PRIVAC	Y FILTER 21.5IN WS MON	82.12	2053.0
PLEASE REMIT PAYN CDW Governmen			INVOICE TOTAL	U.S. Currency Continue

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MGN5273

Z248 /



JRMH449-00002

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
MGN5273	1841520	4-02-18

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S.

PO BOX 1218

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ATTN ACCTS PAYABLE 38614-1218 CLARKSDALE, MS

6626273211

NWMRMC 1970 HOSPTIAL DRIVE

P

ATTN:MICHAEL RAUCH

0 CLARKSDALE, MS 38614

749-6703043C

6626273211			P.O.# /49-6/0	30430	
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	4-02-18	4-02-18	FEDEX Ground	NET 30	-VERBAL
ORDER SHIPPED	ITEM NUMBER DE	SCRIPTION		UNIT PRICE	EXTENSION
CONTRAC	CT #: HPG-29 MFG#:PF215W9	500	Subtotal: Freight: Sales Tax:		26998.75 .00 1889.91
PLEASE REMIT PAYN				INVOICE TOTAL	U.S. Currency 28888.6

CDW Government

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LXF0870

Z248 /



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NT35754-00001

INVOICE NO. "ACCOUNT NO. INVOICE DATE

			LXF0870 1841520 3-05-18
	NORTHWEST MISSISSIPPI MEDICAL CNTR.	S	749 CLARKSDALE CURAE STORES
)	PO BOX 1218		1970 HOSPITAL DR
)		P	NORTHWEST MISSISSIPPI MEDICAL CTR
	ATTN ACCTS PAYABLE	T	YATASHA MUSKIN
)	CLARKSDALE, MS 38614-1218	0	CLARKSDALE, MS 38614-7202

749-6677360 6626273211 P.O.#

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	2-26-18	3-05-18	FEDEX Ground	CPG Ne	t 60
ORDER SHIPPED IT	TEM NUMBER DE	SCRIPTION		UNIT PRICE	EXTENSION
CONTRACTOR	ACT: HEALTH T #: HPG-25 FG#:HC-3003 Price: 4.8 Quantity: urce: nt Number:	TRUST PRI 500 8US 37 10		4.87	48.70
LEASE REMIT PAYM CDW Governmer				INVOICE TOTAL	U.S. Currency 52.1

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Z248 /



JPGN942-00001

INVOICE NO. ACCOUNT NO. INVOICE DATE

			LTS1705   1841520   2-21-18	
	NORTHWEST MISSISSIPPI MEDICAL CNTR.	S	749 CLARKSDALE CURAE STORES	
)	PO BOX 1218	Н	1970 HOSPITAL DR	
,		P	NORTHWEST MISSISSIPPI MEDICAL CTR	
-	ATTN ACCTS PAYABLE	Т	YATASHA MUSKIN	
)	CLARKSDALE, MS 38614-1218	0	CLARKSDALE, MS 38614-7202	
	6626272211		PO# 749-6618353	

6626273211 P.O.# 749-66183				53			
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS			
MATT MAJOR	2-14-18	2-21-18	FEDEX Ground	CPG Ne	t 60		
ORDER SHIPPED	ITEM NUMBER DE	SCRIPTION		UNIT PRICE	EXTENSION		
CONTRA		TRUST PRI	SPLAY E223 MON US 21.51 CCING-HP INC.	120.18	120.18		
1 1	11498 AI MFG#:AOR	OVANCED OF	RDER REPLACE CDW	.00	.00		
Cost Center: Quote/Order S	Source:		Subtotal: Freight: Sales Tax:		120.18		
LEASE REMIT PAY CDW Governm				INVOICE TOTAL	U.S. Currency		

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LTS6234

Z248 /



NP83572-00001

		INVOICE NO.	ACCOUNT NO.	INVOICE DATE
		LTS6234	1841520	2-21-18
749	CL	ARKSDALE	CURAE STOR	ES

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S.

PO BOX 1218

1970 HOSPITAL DR

D ATTN ACCTS PAYABLE NORTHWEST MISSISSIPPI MEDICAL CTR

CLARKSDALE, MS 38614-1218

YATASHA MUSKIN 0

CLARKSDALE, MS 38614-7202

6626273211

P.O.# 749-6662268

00202/3211						
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED		SHIPPED VIA	TERMS	
MATT MAJOR	2-07-18	2-21-18	DROP	SHIP-GROUND	CPG Ne	t 60
ORDER SHIPPED ITE	M NUMBER D	ESCRIPTION			UNIT PRICE	EXTENSION
CONTRAC CONTRACT	CT: HEALTI #: HPG-29 G#:312-070 Price: 79 Quantity: rce: t Number:	HTRUST PRI 500 62-TM .34 1	CCING-			79.3 .0 5.5
PLEASE REMIT PAYME CDW Government					TOTAL	U.S. Currency 84.8

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L009796

G905 /



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NL01394-00001

	INVOICE NO.	ACCOUNT NO.	INVOICE DATE
	LQQ9796	1841520	2-07-18
749 CL	ARKSDALE	CURAE STOR	ES

S NORTHWEST MISSISSIPPI MEDICAL CNTR. 5

PO BOX 1218

1970 HOSPITAL DR

NORTHWEST MISSISSIPPI MEDICAL CTR 749-6645313

CLARKSDALE, MS 38614-1218 6626273211

ATTN ACCTS PAYABLE

CLARKSDALE, MS 38614-7202

P.O.# 749-6645313

6626273211			P.O.# 749-6645313				
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS			
JEREMY KAHN	1-18-18	2-07-18	FEDEX Ground	Net 60	-verbal		
ORDER SHIPPED ITE	M NUMBER DE	SCRIPTION		UNIT PRICE	EXTENSION		
CONTRACT	CT: HEALTH #: HPG-25 G#:QK643AA Price: 149 Quantity: rce: t Number:	TRUST PRI 500 A-TM 9.79 1	O REPL 9CELL BATT CCING-CATALOG  1002 132274421 Subtotal: Freight: Sales Tax:	149.79	149.79 .00 10.49		
PLEASE REMIT PAYME		- 11		INVOICE TOTAL	U.S. Currency 160.2		

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6626273211

Tax Identification 36-4230110

NORTHWEST MISSISSIPPI MEDICAL CTR

LQL5501 Z248 /

NM83817-00001



						INVOICE NO.	ACCOU	INT NO.	INVOICE DA	TE
						LQL5501	1841	L520	2-06-1	.8
5	NORTHWEST MISSISSIPPI	MEDICAL	CNTR.	S '	749 ( 1970	CLARKSDALE HOSPITAL I	CURAE	STORE	S	

T ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218

YATASHA MUSKIN CLARKSDALE, MS 38614-7202 P.O.# 749-6653287

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED		SHIPPED VIA		TERMS	
MATT MAJOR	1-29-18	2-06-18	FEDEX	Ground		CPG Ne	t 60
ORDER SHIPPED IT	TEM NUMBER DI	ESCRIPTION			ı	UNIT PRICE	EXTENSION
CONTRACT	ACT: HEALTH I #: HPG-2! FG#:E7U21U! Price: 112 Quantity: urce: nt Number:	HTRUST PRI 500 F 2.46 1	CCING-H		6C	112.46	112.46
EASE REMIT PAYM CDW Governmen						NVOICE TOTAL	U.S. Currency 120.3

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LMZ6139

Z248 /



INVOICE NO.	ACCOUNT NO.	INVOICE DATE
LMZ6139	1841520	1-26-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5

PO BOX 1218

SOLD

ATTN ACCTS PAYABLE

CLARKSDALE, MS 38614-1218

6626273211

749 CLARKSDALE CURAE STORES

1970 HOSPITAL DR

NORTHWEST MISSISSIPPI MEDICAL CTR P

YATASHA MUSKIN

CLARKSDALE, MS 38614-7202

P.O.# 749-6649965

6626273211			P.O.# /49-664996	J	
ACCOUNT MANAGER	DATE ORDERED DATE	E SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	1-24-18 1-	-26-18	FEDEX Ground	CPG Net	E 60
ORDER SHIPPED ITE	EM NUMBER DESCRIP	PTION		UNIT PRICE	EXTENSION
CONTRA CONTRACT	CT: HEALTHTRU #: HPG-2500 G#:CF380X Qualifier: IN Price: 97.44 Quantity: 1  Arce: At Number: 184	UST PRI N 41520-0	002	97.44	97.44 .00 6.8
PLEASE REMIT PAYME CDW Governmen				INVOICE TOTAL	U.S. Currency 104.2

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Tax Identification 36-4230110

LNC4556 Z248 /G905

JNJM269-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
LNC4556	1841520	1-26-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. S PO BOX 1218

NORTHWEST MISSISSIPPI MEDICAL CNTR.

Ö D

1970 HOSPITAL DR P

ATTN ACCTS PAYABLE T

38614-1218 CLARKSDALE, MS

CLARKSDALE, MS 38614

6626273211

P.O.# 749-6652726

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA		TERMS	
MATT MAJOR	1-26-18	1-26-18	FedEx Overnight	10:30	Net 60	-verbal
ORDER SHIPPED IT	TEM NUMBER DE	SCRIPTION			UNIT PRICE	EXTENSION
CONTRACTOR		TRUST PR	TER 110V MNT KIT	RETAIL	293.05	586.10
Cost Center:						
Quote/Order Son	urce:		Subtotal Freight: Sales Ta			586.1 .0 41.0
					INIVOICE	U.S. Currency
LEASE REMIT PAYM					INVOICE TOTAL	627.1

CDW Government

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NL25835-00001

INVOICE NO. ACCOUNT NO. INVOICE DATE

			LMR3721 1841520 1-25-18
S	NORTHWEST MISSISSIPPI MEDICAL CNTR.	S	749 CLARKSDALE CURAE STORES
5	PO BOX 1218	Н	1970 HOSPITAL DR
D		P	NORTHWEST MISSISSIPPI MEDICAL CTR
Т	ATTN ACCTS PAYABLE	T	YATASHA MUSKIN
Ó	CLARKSDALE, MS 38614-1218	0	CLARKSDALE, MS 38614-7202
	6626273211		P.O.# 749-6646322C

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
JEREMY KAHN	1-19-18	1-25-18	FEDEX Ground	Net 60	-verbal
ORDER SHIPPED ITI	EM NUMBER DE	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRA CONTRACT	CT: HEALTH #: HPG-25 G#:1GE42UT Price: 104	HTRUST PRI 500 F#ABA 13.96	64 I5-7300U 256/8 W10P CCING-HP INC.	1043.96	1043.96
CONTRA CONTRACT	CT: HEALTH #: HPG-25 G#:D5D-000 Price: 19 Quantity:  .rce:	HTRUST PRI 500 001 .33 1		19.33	19.33
PLEASE REMIT PAYME CDW Government				INVOICE TOTAL	U.S. Currency Continued

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LMR3721

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NL25835-00001

	INVOICE NO.	ACCOL	INT NO.	INVOICE DATE
	LMR3721	1841	L520	1-25-18
749 CI	LARKSDALE	CURAE	STORI	ES
1970 1	JOSPITAL, I	)B		

NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218

ATTN ACCTS PAYABLE T

CLARKSDALE, MS 38614-1218

6626273211

P NORTHWEST MISSISSIPPI MEDICAL CTR YATASHA MUSKIN 0 CLARKSDALE, MS 38614-7202

P.O.# 749-6646322C

00202/321	. <del></del>		1.0.11 /45 0040	5220	
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
JEREMY KAHN	1-19-18	1-25-18	FEDEX Ground	Net 60	-verbal
ORDER SHIPPED	ITEM NUMBER DE	SCRIPTION		UNIT PRICE	EXTENSION
			Subtotal: Freight: Sales Tax:		1063.29 .00 74.43
PLEASE REMIT PAY				INVOICE TOTAL	U.S. Currency 1137.73

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LHV7259

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INVOICE NO.	ACCOUNT NO.	INVOICE DATE
LHV7259	1841520	1-08-18

NH09781-00003

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5 0

749 CLARKSDALE CURAE STORES

PO BOX 1218

1970 HOSPITAL DR

ATTN ACCTS PAYABLE

NORTHWEST MISSISSIPPI MEDICAL CTR P

0 CLARKSDALE, MS 38614-1218

YATASHA MUSKIN T

6626273211

0 CLARKSDALE, MS 38614-7202

P.O.# 749-6630569

00202/3211			1.0.# /49 0030		
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	1-03-18	1-08-18	FEDEX Ground	CPG Ne	t 60
ORDER SHIPPED ITE	M NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRACT	CT: CHS S: #: HPG-2! G#:H4B81AA Price: 6.0 Quantity: rce: t Number:	IP - HEALT 500 A 06 10	USB LASER MOUSE THTRUST PRICING-  30401093 Subtotal: Freight: Sales Tax:	6.06	36.36 .00 2.5
LEASE REMIT PAYME				TOTAL	U.S. Currency 38.9

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Z248 /



NF28766-00006

	INVOICE NO. ACCOUNT NO. INVOICE DATE
	LHN0096 1841520 1-05-18
NORTHWEST MISSISSIPPI MEDICAL CNTR. 5	749 CLARKSDALE CURAE STORES
PO BOX 1218 H	1970 HOSPITAL DR
P	NORTHWEST MISSISSIPPI MEDICAL CTR

T ATTN ACCTS PAYABLE
O CLARKSDALE, MS 38614-1218

CLARKSDALE, MS 38614-7202

YATASHA MUSKIN

6626273211			P.O.# 749-66183	53	
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	12-18-17	1-05-18	FEDEX Ground	CPG Ne	t 60
ORDER SHIPPED ITI	EM NUMBER DE	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRA CONTRACT	CT: CHS S: #: HPG-25 G#:1FH45A/Price: 135 Quantity: .rce: t Number:	TP - HEALT 500 A#ABA 5.85 6		120.18	721.08 721.08 .00 50.48

PLEASE REMIT PAYMENT TO:

**CDW Government** 

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ISO 9001:2011

U.S. Currency

771.56

INVOICE

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# MIDDLE DISTRICT OF TENNESSEE Claims Register

#### 3:18-bk-05678 Clarksdale Regional Medical Center Inc.

Judge: Charles M Walker Chapter: 11

Office: Nashville Last Date to file claims: Trustee: Last Date to file (Govt):

Creditor:(6739869)Claim No: 3Status:CDW DIRECT LLCOriginal FiledFiled by: CR200 N MILWAUKEE AVEDate: 09/14/2018Entered by: Intake2VERNON HILLS ILOriginal EnteredModified:

60061 Date: 09/14/2018

Last Amendment Filed: 09/14/2018 Last Amendment Entered: 09/14/2018

Amount claimed: \$150039.03 Priority claimed: \$27.87

History:

Details 3-1 09/14/2018 Claim #3 filed by CDW DIRECT LLC, Amount claimed: \$150039.03 (Intake2)
 Details 3-2 09/14/2018 Amended Claim #3 filed by CDW DIRECT LLC, Amount claimed: \$150039.03

(Intake2)

Description: (3-1) GOODS SOLD

(3-2) GOODS SOLD

Remarks: (3-2) AMENDED DUE TO COURT ERROR, PRIORITY AMOUNT WAS

LEFT OFF

# **Claims Register Summary**

Case Name: Clarksdale Regional Medical Center Inc.

Case Number: 3:18-bk-05678

Chapter: 11

**Date Filed:** 08/24/2018 **Total Number Of Claims:** 1

Total Amount Claimed*	\$150039.03
Total Amount Allowed*	

<sup>\*</sup>Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority	\$27.87	
Administrative		

Debtor 1	Clarksdale Regi	ional Me	dical Cer	nter		
Debtor 2 (Spouse, if filing)	dba Northwest Mississippi Medical Center					
	Bankruptcy Court for the:	Middle	_ District of	Tennessee		

FILED

SEP 14 2018

## Official Form 410

Official Form 410

## **Proof of Claim**

U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact Information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

	Who is the current		CDW Direct, LLC				
	creditor?		ent creditor (the person or entity to be				
		Other names the	creditor used with the debtor				
	Has this claim been acquired from someone else?	No Yes. From	whom?				
**	Where should notices and payments to the creditor be sent?		notices to the creditor be set in: Vida Krug	nt?	Where should different)	payments to the creditor	be sent? (if
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	N. Milwaukee Ave		Name		
	(FRBF) 2002(g)	Number S Vernon H	Street ills IL	60061	Number St	irect	
		City	State	ZIP Code	City	State	ZIP Code
		Contact phone	847-419-6322		Contact phone		
		Contact email	Vida.krug@cdw.com		Contact email		
		Uniform claim id	ientifier for electronic payments in ch	napter 13 (if you i	use one):		
	Does this claim amend one already filed?	☑ No ☐ Yes. Clai	im number on court claims regis	try (if known) _		Filed on	YYYY / OC
	Do you know if anyone else has filed a proof of claim for this claim?	☑ No □ Yes. Wh	o made the earlier filing?	edit med men i satura di melen i min i far	taga perkesah, ken sakeur sanyan menadenan mener		

Proof of Claim page 1

Part 2: Give Informatio	n About the Claim as of the Date the Case Was Filed
Do you have any number you use to identify the debtor?	No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
	Customer # 1841520-02 Please reference on all correspondence mailed to CDW
How much is the claim?	\$\frac{150,039.03}{\overline{\sqrt{No}}}\$. Does this amount include interest or other charges?  ✓ No  ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
claim?	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
	Limit disclosing information that is entitled to privacy, such as health care information.
	Goods Sold
. Is all or part of the claim secured?	✓ No ☐ Yes. The claim is secured by a lien on property.
Secureur	
	Nature of property:  Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim
	Attachment (Official Form 410-A) with this Proof of Claim.
	Motor vehicle
	Other. Describe:
	Basis for perfection:
	Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filled or recorded.)
	Value of property: S
	Amount of the claim that is secured: \$
	Amount of the claim that is unsecured: \$ (The sum of the secured and unsecured amounts should match the amount in line 7.
	Amount necessary to cure any default as of the date of the petition: \$
	Annual Interest Rate (when case was filed)%
	☐ Fixed ☐ Variable
0. Is this claim based on a	☑ No
lease?	
	Yes. Amount necessary to cure any default as of the date of the petition.
1. Is this claim subject to a	√No
right of setoff?	Yes, Identify the property:
	Yes, identity the property:

Official Form 410 Proof of Claim

2. Is all or part of the claim entitled to priority under	No No	Amount outified to adjust.						
11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority						
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).							
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).							
change to promy.	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier.  11 U.S.C. § 507(a)(4).							
	☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$						
	☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$						
		\$ 27.87						
	☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	9						
	* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after	r the date of adjustment.						
Part 3: Sign Below								
he person completing	Check the appropriate box:	į						
his proof of claim must	☐ I am the creditor.							
RBP 9011(b).	☐ I am the creditor. ☐ I am the creditor's attorney or authorized agent.							
f you file this claim	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.							
electronically, FRBP	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.							
5005(a)(2) authorizes courts to establish local rules								
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.							
A person who files a								
fraudulent claim could be fined up to \$500,000,	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.							
imprisoned for up to 5								
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.							
3571.	Executed on date 09-11-2018							
	MM / DD / YYYY							
	( Middle Usus 9	and the second						
	Signature							
	Print the name of the person who is completing and signing this claim:							
	W.	•						
	Vida Krug	*						
	300 A 201							
	Name  Vida  Krug  First name Sr Recovery Analyst  Krug  Last name	; ;						
	Name  Vida  First name Sr Recovery Analyst  Krug  Last name							
	Name  Vida  Krug  First name Sr Recovery Analyst  Krug  Last name							
	Name  Vida  First name Sr Recovery Analyst  CDW, LLC  Identify the corporate servicer as the company if the authorized agent is a servicer.  200 N Milwaukee Ave							
	Name  Vida  First name Sr Recovery Analyst  CDW, LLC  Idenlify the corporate servicer as the company if the authorized agent is a servicer.	1 Krug Ecow.						

Official Form 410 Proof of Claim

page 3



Contact:

Vida Krug Sr. Recovery Analyst 1-847-419-6322

Date:

09/11/2018

Customer#

1841520-02

Clarksdale Regional Medical Center dba NW MS Medical Center

Balance:

\$ 150,039.03

Filed:

08/24/2018 Case:

18-05678

Invoice	Date		Amount	 Owes	PO#
NVT5023	8/21/2018	\$	14.00	\$ 14.00	NOVEMBER TIGER TEXT
NQN3569	8/03/2018	\$	13.87	\$ 13.87	749-6773638
NNX5342	7/30/2018	\$	51.64	\$ 51.64	749-6777410
NMJ7565	7/24/2018	\$	438.13	\$ 438.13	749-6764370
NML2528	7/24/2018	\$	13.87	\$ 13.87	749-6773638
NMG8856	7/23/2018	\$	1,250.90	\$ 1,250.90	749-6764885
NGV3409	7/03/2018	\$	235.12	\$ 235.12	749-6763748
NFZ9225	6/28/2018	\$	4,681.80	\$ 4,681.80	749-6760519C
NFB2086	6/25/2018	\$	597.20	\$ 298.60	749-6744661C
NDM4043	6/21/2018	\$	895.80	\$ 895.80	749-6744661C
NCD3571	6/15/2018	\$	106.70	\$ 106.70	749-6751111
NBN5487	6/13/2018	\$	236.24	\$ 236.24	749-6751933
NBQ1696	6/13/2018	\$	1,224.00	\$ 1,224.00	749-6744661C
MZZ5708	6/11/2018	\$	1,236.75	\$ 1,236.75	749-6744661C
MZG4900	6/07/2018	\$	8,635.00	\$ 8,635.00	749-6744661C
MXS4044	6/05/2018	\$	3,652.08	\$ 3,652.08	749-6744661C
MXL2530	6/04/2018	\$	89,912.34	\$ 89,912.34	749-6744661C
MXC5657	6/01/2018	\$	508.40	\$ 508.40	749-6741760
MPH4831	5/02/2018	\$	1,040.23	\$ 1,040.23	749-6724265CE
MPD0651	5/01/2018	\$	1,040.23	\$ 1,040.23	749-6724265CE
MNV7231	4/30/2018	\$	377.20	\$ 377.20	749-6688635
MKS1657	4/17/2018	\$	120.69	\$ 120.69	749-6698503
MJR3419	4/11/2018	\$	2,071.65	\$ 2,071.65	749-6710222
MGN5273	4/02/2018	\$	28,888.66	\$ 28,888.66	749-6703043
LXF0870	3/05/2018	\$	52.11	\$ 52.11	749-6677360
LTS1705	2/21/2018	\$	128.59	\$ 128.59	749-6618353
LTS6234	2/21/2018	\$	84.89	\$ 84.89	749-6662268
LQQ9796	2/07/2018	\$	160.28	\$ 160.28	749-6645313
LQL5501	2/06/2018	\$	120.33	\$ 120.33	749-6653287
LMZ6139	1/26/2018	\$	104.26	\$ 104.26	749-6649965
LNC4556	1/26/2018	\$	627.13	\$ 627.13	749-6652726
LMR3721	1/25/2018	\$	1,137.72	\$ 1,137.72	749-6646322C
LHV7259	1/08/2018	\$	38.91	\$ 38.91	749-6630569
LHN0096	1/05/2018	\$	771.56	\$ 640.91	749-6618353
		+-		\$ 150,039.03	

Tax Identification 36-4230110

NVT5023

Z248 /

NG65104-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
NVT5023	1841520	8-21-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5 PO BOX 1218

NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR

SOLD

P

ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218

ATTN: TIGER TEXT T 0

CLARKSDALE, MS 38614-7202

6626273211

P.O.# NOVEMBER TIGER TEXT

00202/3211			TOW ITO VEHICLE		
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	12-28-17	8-21-18	ELECTRONIC DISTRIBUTION	ON CPG Ne	t 60
ORDER SHIPPED ITE	EM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRACT CONTRACT MF	CT: HEALTH #: HPG-25 G#:TTCHSUG	HTRUST PRI 500 CUSER	CHS UC USER CCING-SOFTWARE	1.00	14.00
Cost Center: Quote/Order Sou	rce:		Subtotal: Freight: Sales Tax:		14.00
PLEASE REMIT PAYME				INVOICE TOTAL	U.S. Currency

75 Remittance Drive, Suite 1515, Chicago, IL 60675-1515

ISO 9001:2011

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AND REJECTION OF ANY ADDITIONAL OR DIFFERENT TERMS IN
ANY FORM DELIVERED BY CUSTOMER IS HEREBY GIVEN.

SUPPORT NUMBERS:
Technical Support Toll-free: (800) 383-4239
Repairs Toll-free: (866) 465-6555 or CDWrepaircoordinators@cdw.com
Customer Relations Toll-free: (866) 782-4239
or Customer Relations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

ATTN ACCTS PAYABLE

CLARKSDALE, MS

NQN3569

Z248 / .



	INV	OICE NO.	ACCOUNT NO.	INVOICE DATE
	NQ	N3569	1841520	8-03-18
NORTHWEST MISSISSIPPI MEDICAL CNTR. 5	749 CLARK	SDALE C	URAE STOR	ES
PO BOX 1218	1970 HOSP	ITAL DR		020 03000 to 010 to 110 to

38614-1218

NORTHWEST MISSISSIPPI MEDICAL CTR P

YATASHA MUSKIN

38614-7202 CLARKSDALE, MS

6626273211	L		P.O.# 749-6	773638	
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	7-23-18	8-03-18	FEDEX Ground	Net 60	-verbal
ORDER SHIPPED	ITEM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRAC	RACT: HEALTH CT #: HPG-25 MFG#:910-002 ource: unt Number:	HTRUST PRI 500 2974 1841520-0	002 154029535 Subtotal: Freight: Sales Tax:	13.87	13.8° .0° .0°
PLEASE REMIT PAYI		anovote and contact		INVOICE TOTAL	U.S. Currency

75 Remittance Drive, Suite 1515, Chicago, IL 60675-1515

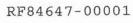
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or CustomerRelations@CDW.com
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Curbside@cdw.com

NNX5342

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I	INVOICE NO.	ACCOUNT NO.	INVOICE DATE
	NNX5342	1841520	7-30-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. S

O PO BOX 1218

H 1970 HOSPITAL DR P NORTHWEST MISSISSIPPI MEDICAL CTR

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T ATTN ACCTS PAYABLE
O CLARKSDALE, MS 38614-1218

T YATASHA MUSKIN

749 CLARKSDALE CURAE STORES

6626273211

CLARKSDALE, MS 38614-7202 P.O.# 749-6777410

ACCOUNT MANAGER	DATE ORDERED DATE SH	PPED SHIPPED VIA	TERMS	
MATT MAJOR	7-30-18 7-30	-18 FEDEX Ground	Net 60	-verbal
	EM NUMBER DESCRIPTIO		UNIT PRICE	EXTENSION
CONTRA CONTRACT	CT: HEALTHTRUST #: HPG-2500 G#:50612 Price: 8.74	T HI-SPEED HDMI W/ENET PRICING-CATALOG	8.74	17.48
CONTRA CONTRACT	CT: HEALTHTRUST #: HPG-2500 CG#:HDMM6 Price: 4.88 Quantity: 7  Arce: At Number: 1841	H 6FT HIGH SPEED HDMI CAI PRICING-CATALOG 20-002 500154800641	B 4.88	34.10
PLEASE REMIT PAYME CDW Governmen			INVOICE TOTAL	U.S. Currency Continue

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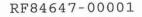
75 Remittance Drive, Suite 1515, Chicago, IL 60675-1515

SUPPORT NUMBERS:
Technical Support Toil-free: (800) 383-4239
Repairs Toil-free: (866) 465-6555 or CDWrepaircoordinators@cdw.com
Customer Relations Toil-free: (866) 782-4239
or CustomerRelations@CDW.com
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Thank you for your business.

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INVOICE NO.	ACCOUNT NO.	INVOICE DATE
NNX5342	1841520	7-30-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5 749 CLARKSDALE CURAE STORES

PO BOX 1218

Ö D

> ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218

6626273211

1970 HOSPITAL DR

NORTHWEST MISSISSIPPI MEDICAL CTR

YATASHA MUSKIN

38614-7202 CLARKSDALE, MS

P.O.# 749-6777410

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	7-30-18	7-30-18	FEDEX Ground	Net 60	-verbal
	ITEM NUMBER DE	SCRIPTION		UNIT PRICE	EXTENSION
			Subtotal: Freight: Sales Tax:		51.64
PLEASE REMIT PAYI				INVOICE TOTAL	U.S. Currency 51.6

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or CustomerRelations@CDW.com
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Curbside@cdw.com

NMJ7565

Z248 /



JXRL596-00001

INVOICE NO.	OICE NO. ACCOUNT NO.	
NMJ7565	1841520	7-24-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5 NWMRMC 0 1970 HOSPTIAL DRIVE PO BOX 1218 D P ATTN ACCTS PAYABLE ATTN: MICHAEL RAUCH Ò CLARKSDALE, MS 38614 CLARKSDALE, MS 38614-1218

6626273211		1210	P.O.# 749-676437	0	
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	7-23-18	7-24-18	DROP SHIP-GROUND	Net 60	-verbal
ORDER SHIPPED I	ITEM NUMBER DE	SCRIPTION		UNIT PRICE	EXTENSION
CONTR CONTRAC M		TRUST PRI	MEDICAL GRADE UPS 750V CING-CATALOG	438.13	438.1
Cost Center: Quote/Order So	ource:				
			Subtotal: Freight: Sales Tax:		438.1
LEASE REMIT PAYN		voltac		INVOICE TOTAL	U.S. Currency 438.1

75 Remittance Drive, Suite 1515, Chicago, IL 60675-1515

ISO 9001:2011 CERTIFIED

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SUPPORT NUMBERS:
Technical Support Toll-free: (800) 383-4239
Repairs Toll-free: (866) 465-6555 or CDWrepaircoordinators@cdw.com
Customer Relations Toll-free: (866) 782-4239
or CustomerRelations@CDW.com
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Curbside@cdw.com

SOLD

\*\*\* ORIGINAL COPY \*\*

Tax Identification 36-4230110

NML2528

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JXSQ793-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
NML2528	1841520	7-24-18

PO BOX 1218 P

NORTHWEST MISSISSIPPI MEDICAL CNTR. S NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR

ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211

0 CLARKSDALE, MS 38614 P.O.# 749-6773638

00202/2211					
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	7-24-18	7-24-18	FEDEX Ground	Net 60	-verbal
ORDER SHIPPED ITE	M NUMBER DI	SCRIPTION		UNIT PRICE	EXTENSION
CONTRACT		HTRUST PRI 500	325 MOUSE-BLK CCING-CATALOG	13.87	13.87
Cost Center:					
Quote/Order Sou:	rce:		Subtotal: Freight: Sales Tax:		13.87
PLEASE REMIT PAYME CDW Government		#2.19( to 1 to		INVOICE TOTAL	U.S. Currency

75 Remittance Drive, Suite 1515, Chicago, IL 60675-1515

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Customer Relations Toll-free: (866) 782-4239
or CustomerRelations@CDW.com
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Curbside@cdw.com

CLARKSDALE, MS

NMG8856

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#### PZ85088-00001

		INVOICE NO.	ACCOL	INT NO.	INVOICE DATE
		NMG8856	1841	L520	7-23-18
749	CL	ARKSDALE	CURAE	STORE	S

S NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218 D ATTN ACCTS PAYABLE

38614-1218

1970 HOSPITAL DR NORTHWEST MISSISSIPPI MEDICAL CTR

YATASHA MUSKIN

38614-7202 CLARKSDALE, MS

6626273211			P.O.# 749-6764885			
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA		TERMS	
MATT MAJOR	7-06-18	7-23-18	FEDEX Ground		Net 60	-verbal
ORDER SHIPPED IT	EM NUMBER DI	SCRIPTION			UNIT PRICE	EXTENSION
CONTRA CONTRACT MF Original Order	CT: HEALTE   #: HPG-25   G#:ST43001   Price: 17	HTRUST PRI 500 MINU3B .34	PT PORTABLE USB 3.0 ICING-CATALOG	) HUB	17.34	34.68
CONTRACT CONTRACT ME	203815 S'ACT: HEALTI C#: HPG-2!	FARTECH US HTRUST PR 500 32V2	SB TO RS232 SERIAL ICING-CATALOG	ADAP	12.57	25.14
	Quantity:	2 RIPP 6IN 1	DISPLAYPORT TO VGA	ADAP	13.57	54.28
CONTRACT	#: HPG-2 FG#:P134-0 Price: 13	500 6N-VGA .57	ICING-CATALOG			
16 16 2	2009229 S	EAL SHIEL	D SLVR STORM USB K	B-BLK	35.04	560.64
PLEASE REMIT PAYM	ENT TO:				INVOICE TOTAL	U.S. Currency Continued

75 Remittance Drive, Suite 1515, Chicago, IL 60675-1515

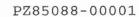
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Customer Relations Toll-free: (866) 782-4239
or CustomerRelations@CDW.com
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Curbside@cdw.com

NMG8856

Z248 /



		INVOICE NO.	ACCOL	INT NO.	INVOICE DATE
		NMG8856	1841	1520	7-23-18
749	CL	ARKSDALE	CURAE	STOR	ES

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S
PO BOX 1218

H 1970 HOSPITAL DR

ATTN ACCTS PAYABLE
CLARKSDALE, MS 38614-1218

P NORTHWEST MISSISSIPPI MEDICAL CTR T YATASHA MUSKIN

6626273211

CLARKSDALE, MS 38614-7202

P.O.# 749-6764885

6626273211					
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	i
MATT MAJOR	7-06-18	7-23-18	FEDEX Ground	Net 60	-verbal
ORDER SHIPPED ITE	M NUMBER DE	SCRIPTION		UNIT PRICE	EXTENSION
CONTRACT MF Original Order Original Order  16 16 1 CONTRACT	#: HPG-25 G#:STK503 Price: 35. Quantity:  324776 SE CT: HEALTH #: HPG-25 G#:SSM3 Price: 36. Quantity:  rce: t Number:	000 04 16 EAL SHIELD HTRUST PRI 500 01 16		36.01	576.16
PLEASE REMIT PAYME CDW Government				INVOICE TOTAL	U.S. Currency Continued

ISO 9001:2011

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or CustomerRelations@CDW.com
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NMG8856

Z248 /

PZ85088-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
NMG8856	1841520	7-23-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5

PO BOX 1218

SOLD

ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218

6626273211

749 CLARKSDALE CURAE STORES

1970 HOSPITAL DR

NORTHWEST MISSISSIPPI MEDICAL CTR

YATASHA MUSKIN T

CLARKSDALE, MS 38614-7202

P.O.# 749-6764885

00202/321	0020273211		1.0.11		
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	7-06-18	7-23-18	FEDEX Ground	Net 60	-verbal
ORDER SHIPPED	ITEM NUMBER DE	SCRIPTION		UNIT PRICE	EXTENSION
			Subtotal: Freight: Sales Tax:		1250.90
LEASE REMIT PAY				INVOICE TOTAL	U.S. Currency 1250.9

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NGV3409

Z248 /



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JWWR957-00001

INVOICE NO. ACCOUNT NO. INVOICE DATE

	NGV3409 1841520 7-03-18
NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218	NORTHWEST MISSISSIPPI MEDICAL CNTF 1970 HOSPITAL DR
ATTN ACCTS PAYABLE	

CLARKSDALE, MS 38614-1218 O CLARKSDALE, MS 38614 6626273211 P.O.# 749-6763748

ACCOUNT MANAGER DATE ORDERED DATE SHIPPED SHIPPED VIA TERMS

MATT MAJOR	7-03-18	7-03-18	FEDEX Ground		Net 60	-verbal
ORDER SHIPPED ITI	EM NUMBER DE	SCRIPTION			UNIT PRICE	EXTENSION
CONTRA CONTRACT		TRUST PRI	EDISPLAY E273 2 CCING-HP INC.	7" MON	235.12	235.12
Cost Center:						
Quote/Order Sou	rce:					
			Subtot Freigh Sales	t:		235.12 .00 .00

PLEASE REMIT PAYMENT TO: CDW Government

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ISO 9001:2011

U.S. Currency

235.12

INVOICE

TOTAL

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NFZ9225

Z248 /

JWRK483-00002

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
NFZ9225	1841520	6-28-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. S PO BOX 1218 P

1970 HOSPTIAL DRIVE

NWMRMC

ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211

ATTN: MICHAEL RAUCH CLARKSDALE, MS 38614 P.O.# 749-6760519C

00202/3211			1.0 719 070001		
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	6-28-18	6-28-18	FEDEX Ground	Net 60	-verbal
ORDER SHIPPED ITE	M NUMBER DE	SCRIPTION		UNIT PRICE	EXTENSION
CONTRA CONTRACT		TRUST PRI	7160 COL DUPLX 60PPM U CING-FUJITSU	921.32	1842.64
CONTRA CONTRACT		TRUST PRI	550-SHEET PAPER TRAY CING-HP INC.	171.41	342.82
CONTRA CONTRACT		HTRUST PRI 500	ENTERPRISE M607N CCING-HP INC.	580.98	580.9
CONTRA CONTRACT		HTRUST PRI	PC MOUNTING BRACKET CING-HP INC.	21.69	43.3
2 2 4	462375 HI	SB 800 C	33 I5-7500T 256GB 8GB W	797.68	1595.3
LEASE REMIT PAYME				INVOICE TOTAL	U.S. Currency Continued

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NFZ9225

Z248 / .

JWRK483-00002

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
NFZ9225	1841520	6-28-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. S

PO BOX 1218

SOLD

1970 HOSPTIAL DRIVE

NWMRMC

ATTN ACCTS PAYABLE

CLARKSDALE, MS 38614-1218

T ATTN:MICHAEL RAUCH

CLARKSDALE, MS 38614 P.O.# 749-6760519C

6626273211		P.O.# 749-6760519C			
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	6-28-18	6-28-18	FEDEX Ground	Net 60	-verbal
ORDER SHIPPED ITE	M NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRACT MF  2 2 4 CONTRA CONTRACT	#: HPG-25 G#:1FY84U 754470 HI CT: HEALTE #: HPG-25 G#:1FH45A	500 r#ABA P ELITEDIS HTRUST PRI 500	CING-HP INC.  SPLAY E223 MON US 21.51 CING-HP INC.  Subtotal: Freight: Sales Tax:	138.31	276.62 4681.8 .0
LEASE REMIT PAYME				INVOICE TOTAL	U.S. Currency 4681.8

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NFB2086

Z248 /

JVMV780-00016

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
NFB2086	1841520	6-25-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218 1970 HOSPITAL DR P

T ATTN ACCTS PAYABLE T CLARKSDALE, MS 38614-1218 6626273211 CLARKSDALE, MS 38614

P.O.# 749-6744661C

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR		6-25-18	FEDEX Ground	Net 60	Days-Heal
		ESCRIPTION		UNIT PRICE	EXTENSION
CONTRACT		HTRUST PRI 500	RIES 40IN LED SMART TV	298.60	597.20
Cost Center:					
Quote/Order Sou:	rce:		Subtotal: Freight: Sales Tax:		597.2 .0 .0
LEASE REMIT PAYME		<del>00 90 00 00</del>		INVOICE TOTAL	U.S. Currency 597.2

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NDM4043

Z248 /



JVMV780-00014

INVOICE NO. ACCOUNT NO. INVOICE DATE

			NDM4043 1841520 6-21-18
S O L D	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218	S H I P	NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR
T O	ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211	T O	CLARKSDALE, MS 38614 P.O.# 749-6744661C

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
ATT MAJOR	6-04-18	6-21-18	FEDEX Ground	Net 60	Days-Healt
ORDER SHIPPED ITE	EM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRA CONTRACT		HTRUST PRI 500	RIES 40IN LED SMART TV CCING-CATALOG	298.60	895.80
Cost Center:					
Quote/Order Sou	rce:		Subtotal: Freight: Sales Tax:		895.80 .00 .00
EASE REMIT PAYME		A CAMBRIDA		INVOICE TOTAL	U.S. Currency 895.80

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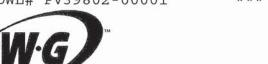
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NCD3571

Z248 / ,



#### PT47635-00001

INVOICE NO. ACCOUNT NO. INVOICE DATE

	NCD3571 1841520 6-15-18
NORTHWEST MISSISSIPPI MEDICAL CNTR. 5	749 CLARKSDALE CURAE STORES
PO BOX 1218	1970 HOSPITAL DR
P	NORTHWEST MISSISSIPPI MEDICAL CTR
ATTN ACCTS PAYABLE T	YATASHA MUSKIN

ATTN ACCTS PAYABLE 38614-1218 CLARKSDALE, MS 6626273211

CLARKSDALE, MS 38614-7202 749-6751111

6626273211		P.O.# /49-6/51111			
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	6-12-18	6-15-18	FEDEX Ground	CPG Ne	t 60
ORDER SHIPPED IT	EM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRA CONTRACT	ACT: HEALTH T #: HPG-25 TG#:BR700G Price: 106 Quantity: arce: at Number:	HTRUST PRI 500 5.7 1 1841520-0	002	106.70	106.70
PLEASE REMIT PAYME CDW Governmen				INVOICE TOTAL	U.S. Currency

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Tax Identification 36-4230110

NBN5487

Z248 / '

JVXT924-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
NBN5487	1841520	6-13-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5 PO BOX 1218 P

NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR

ATTN ACCTS PAYABLE

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0 CLARKSDALE, MS 38614

38614-1218 CLARKSDALE, MS

749-6751933 P.O.#

6626273211 **TERMS** ACCOUNT MANAGER DATE ORDERED DATE SHIPPED SHIPPED VIA

MATT MAJOR	6-13-18 6-13-18	UPS Next Day 10:30, mc	s CPG Net	t 60
ORDER SHIPPED IT	EM NUMBER DESCRIPTION		UNIT PRICE	EXTENSION
CONTRA CONTRACT	2557601 APRICORN AE ACT: HEALTHTRUST PRI F #: HPG-2500 FG#:ADT-3PL256-2000	GIS PADLOCK 2TB USB HD CING-CATALOG	204.29	204.29
Cost Center:				
Quote/Order Sou	irce:			
		Subtotal: Freight: Sales Tax:		204.29 31.95 .00
PLEASE REMIT PAYMI	ENT TO:		INVOICE	U.S. Currency

PLEASE REMIT PAYMENT TO:

**CDW Government** 

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TOTAL

236.24

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NBQ1696

Z248 /



JVMV780-00012

INVOICE NO. ACCOUNT NO. INVOICE DATE

The state of			NBQ1696 1841520 6-13-18
S O L D	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218	S H I P	NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR
T O	ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218	T O	CLARKSDALE, MS 38614 P.O.# 749-6744661C

00202/3211					
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	6-04-18	6-13-18	FEDEX Ground	Net 60	Days-Heal
ORDER SHIPPED ITI	EM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRA CONTRACT		HTRUST PRI 500	USB SHIELD CAB-STRAIGH CING-CATALOG	36.00	1224.0
Cost Center: Quote/Order Sou					
24000,02402			Subtotal: Freight: Sales Tax:		1224.0 .0 .0
LEACE DEBAIT DAVIA	INT TO			INVOICE	U.S. Currency
LEASE REMIT PAYME CDW Government				TOTAL	1224.0

CDW Government

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MZZ5708

Z248 / ·

JVMV780-00010

INVOICE NO.	'ACCOUNT NO.	INVOICE DATE
MZZ5708	1841520	6-11-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. S SOLD PO BOX 1218 P T

NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR

ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211

CLARKSDALE, MS 38614 P.O.# 749-6744661C

00202/3211					
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	*****
MATT MAJOR	6-04-18	6-11-18	FEDEX Ground	Net 60	Days-Heal
ORDER SHIPPED IT	EM NUMBER DE	SCRIPTION		UNIT PRICE	EXTENSION
CONTRA CONTRACT		HTRUST PRI 500	330 MOBILE COMPUTER 2.5 CCING-CATALOG	412.25	1236.7
Cost Center: Quote/Order Sou	rce:		Subtotal: Freight: Sales Tax:		1236.7 .0 .0
LEASE REMIT PAYMI				INVOICE TOTAL	U.S. Currency 1236.7

CDW Government

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Tax Identification 36-4230110

MZG4900

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JVMV942-00001

	INVOICE NO.	ACCOUNT NO.	INVOICE DATE
	MZG4900	1841520	6-07-18
829 (	CLARKSDALE	STORES	

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5 S PO BOX 1218

1970 HOSPITAL DR

ATTN ACCTS PAYABLE 0

CLARKSDALE, MS 38614-1218 6626272211

NORTHWEST MISSISSIPPI REGIONAL MED T

0 CLARKSDALE, MS 38614-7202

P.O.# 749-6744661C

6626273213	1.		P.O.# 749-674466	LC.	
ACCOUNT MANAGER DATE ORDERED DATE SHIPPED			SHIPPED VIA	TERMS	
MATT MAJOR	6-04-18	6-07-18	ELECTRONIC DISTRIBUTION	Net 60	Days-Heal
ORDER SHIPPED	ITEM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
	RACT: MARKET MFG#:SEP-NEV	r W-S-500-1K	L+M 500-999 1Y L-1Y tion - NO MEDIA	15.70	8635.00
Cost Center: Quote/Order So	ource:				
			Subtotal: Freight: Sales Tax:		8635.00 .00
LEASE REMIT PAYI				INVOICE TOTAL	U.S. Currency 8635.00

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Tax Identification 36-4230110

MXS4044

Z248 /



JVMV780-00008

INVOICE NO. ACCOUNT NO. INVOICE DATE

			MXS4044 1841520 6-05-18
5	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218		NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR
Γ Ο	ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211	T O	CLARKSDALE, MS 38614 P.O.# 749-6744661C

6626273211			P.O.# /49-6/446	OTC	
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	6-04-18	6-05-18	FEDEX Ground	Net 60	Days-Heal
ORDER SHIPPED IT	EM NUMBER DE	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRA CONTRACT		HTRUST PRI 500	SB SHIELD COIL CAB CING-CATALOG	66.96	468.72
CONTRA CONTRACT		HTRUST PRI 500	8 RUGGED SR 1D SCANNER CING-CATALOG	795.84	3183.36
Cost Center: Quote/Order Sou	rce:		Subtotal: Freight: Sales Tax:		3652.08 .00
PLEASE REMIT PAYME CDW Government	t			INVOICE TOTAL	U.S. Currency 3652.08

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MXL2530

Z248 /



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### JVMV780-00004

INV	OICE NO.	ACCOUN	IT NO.	INVOI	CE DATE
MX	L2530	1841	520	6-0	04-18
NORTHWEST	MISSIS	SSIPPI	MED:	ICAL	CNTR.
1970 HOSP	ITAL DI	3			

NORTHWEST MISSISSIPPI MEDICAL CNTR. S
H
PO BOX 1218

ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211

CLARKSDALE, MS 38614 P.O.# 749-6744661C

ACCOUNT I	MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
ATT MAJ	OR	6-04-18	6-04-18	FEDEX Ground	Net 60	Days-Heal
ORDER	SHIPPED I	TEM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
2	CONTR CONTRAC		HTRUST PRI 500	08 1D SR USB KIT W/STD CCING-CATALOG NA	115.75	231.50
41	CONTR CONTRAC		HTRUST PRI 500	08-HC USB KIT CCING-CATALOG AZW	265.76	10896.16
5	CONTR		HTRUST PRI	JLL MOTION TV WALL MOUN	53.30	266.50
2	CONTR CONTRAC		HTRUST PR	IM DOCKING STATION G2 ICING-HP INC.	102.15	204.30
2	2	4964633 H	P SB 840 (	G5 I5-8250U 256/8 W10P	1400.01	2800.02
	MIT PAYN Governme		······································		INVOICE TOTAL	U.S. Currency Continued

CDW Government

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Tax Identification 36-4230110

MXL2530

Z248 /



JVMV780-00004

INVOICE NO. ACCOUNT NO. INVOICE DATE

MXL2530   1841520   6-0  NORTHWEST MISSISSIPPI MEDICAL CNTR. S NORTHWEST MISSISSIPPI MEDICAL  PO BOX 1218   1970 HOSPITAL DR  P  ATTN ACCTS PAYABLE T		
PO BOX 1218  H 1970 HOSPITAL DR P		6-04-18
T ATTN ACCTS PAYABLE T	5	ICAL CNTR.
O CLARKSDALE, MS 38614-1218 O CLARKSDALE, MS 38614 6626273211 P.O.# 749-6744661C	Γ O	

ACCOUNT	MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
IATT MAJ	JOR	6-04-18	6-04-18	FEDEX Ground	Net 60	Days-Heal
ORDER	SHIPPED I	TEM NUMBER D	ESCRIPTION		UNIT PRICE	EXTENSION
	CONTRAC	ACT: HEALTI T #: HPG-2! FG#:3RF07U	500	CCING-HP INC.		
16	CONTR CONTRAC		HTRUST PRI 500	3 I5-7500 256GB 8GB W1 CCING-HP INC.	1127.90	18046.40
8	CONTR CONTRAC		HTRUST PRI	00 SERIES COMBO ARM BLK CING-ERGOTRON	412.66	3301.28
8	CONTR CONTRAC		HTRUST PRI	550-SHEET PAPER TRAY	171.41	1371.28
4				CENTERPRISE M607N	580.98	2323.92
	MIT PAYN				INVOICE TOTAL	U.S. Currency Continued

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Tax Identification 36-4230110

MXL2530

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JVMV780-00004

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
MXL2530	1841520	6-04-18

PO BOX 1218

NORTHWEST MISSISSIPPI MEDICAL CNTR. S NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR

P

ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218

CLARKSDALE, MS 38614

66	526273211		P.O.# 749-6744661C				
ACCOUNT MANAGER DATE ORDERED D			DATE SHIPPED	SHIPPED VIA	TERMS		
MATT MAJ	JOR	6-04-18	6-04-18	FEDEX Ground	Net 60	Days-Healt	
ORDER	SHIPPED IT	EM NUMBER D	ESCRIPTION		UNIT PRICE	EXTENSION	
1	MF 1 3 CONTRA CONTRACT		#BGJ P LJ PRO S HTRUST PRI 500	SHEET FEEDER 550 PAGE	123.48	123.48	
4	CONTRACT	826576 H ACT: HEALT H: HPG-2 FG#:C5F93A	500	189.00	756.00		
1	CONTRACT	8808153 H ACT: HEALT T#: HPG-2 FG#:CF388A	500	249.00	249.00		
14				O PC MOUNTING BRACKET	21.69	303.66	

PLEASE REMIT PAYMENT TO:

CONTRACT #: HPG-2500

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U.S. Currency

Continued

INVOICE

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MXL2530

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#### JVMV780-00004

INVOICE NO.	ACCOUNT NO.	INVOICEDATE
MXL2530	1841520	6-04-18
 FOT MICCIO		CAT. CNTT

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5 PO BOX 1218 P

NORTHWEST MISSISSIPPI MEDICAL CNIK. 1970 HOSPITAL DR

ATTN ACCTS PAYABLE 38614-1218

T 0 CLARKSDALE, MS 38614

CLARKSDALE, MS 6626273211

749-6744661C P.O.#

ACCOUNT	MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJ	OR	6-04-18	6-04-18	FEDEX Ground	Net 60	Days-Healt
ORDER	SHIPPED IT	EM NUMBER DE	SCRIPTION		UNIT PRICE	EXTENSION
14	14 4 CONTRACT		ELITEDIS TRUST PRI	SPLAY E223 MON US 21.5I	138.31	1936.34
19	CONTRACT	1462375 HF ACT: HEALTH F #: HPG-25 FG#:1FY84UT	00	797.68	15155.92	
4	CONTRACT	2460622 ZE ACT: HEALTH F #: HPG-25 FG#:GX42-10	TRUST PR	557.48	2229.92	
2	2 2 2734409 ZEBRA ZT230 DT 203 SER USB ENET Z 917.04 1834.  CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG#: ZT23042-D01200FZ					1834.08
	MIT PAYM Governmen				INVOICE TOTAL	U.S. Currency Continued

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MXL2530

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JVMV780-00004

INVOICE NO. ACCOUNT NO. INVOICE DATE

			MXL2530 1841520 6-04-18
S O L D	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218	S H I P	
T O	ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211	T O	CLARKSDALE, MS 38614 P.O.# 749-6744661C

ACCOUNT N	1ANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJO	)R	6-04-18	6-04-18	FEDEX Ground	Net 60	Days-Healt
ORDER	SHIPPED I	TEM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
6	CONTR CONTRAC		HTRUST PRI 500	ONITOR WALL MOUNT CCING-CATALOG	21.22	127.32
6	CONTR		HTRUST PRI 500	33 I5-7500 256GB 8GB W1 CCING-HP INC.	1265.46	7592.76
1	CONTR		HTRUST PRI	-7700 100PPM SCANNER CCING-FUJITSU	5421.38	5421.38
16	CONTR		HTRUST PRI 500	-7160 COL DUPLX 60PPM U CING-FUJITSU	921.32	14741.12
PLEASE REIN	VIIT PAYIV Governme	INVOICE TOTAL	U.S. Currency Continued			

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INVOICE NO.

Z248 /

ACCOUNT NO. INVOICE DATE



JVMV780-00004

			MXL2530	1841520	6-04-18
S O L D	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218	S H I P	NORTHWEST MISSI 1970 HOSPITAL D	SSIPPI MED R	ICAL CNTR.
T O	ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218	T O	CLARKSDALE, MS		

6626273211			P.O.# 749-6744661C				
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS			
MATT MAJOR	6-04-18	6-04-18	FEDEX Ground	Net 60	Days-Heal		
ORDER SHIPPED IT	EM NUMBER D	ESCRIPTION		UNIT PRICE	EXTENSION		
Cost Center: Quote/Order Sou	rce:		Subtotal: Freight: Sales Tax:		89912.34 .00 .00		
PLEASE REMIT PAYMI CDW Governmen		-wan -u -n		INVOICE TOTAL	U.S. Currency 89912.34		

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Tax Identification 36-4230110

MXC5657

Z248 /

PQ79414-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
MXC5657	1841520	6-01-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5 0 PO BOX 1218

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ATTN ACCTS PAYABLE T

CLARKSDALE, MS 38614-1218

6626273211

749 CLARKSDALE CURAE STORES

1970 HOSPITAL DR

NORTHWEST MISSISSIPPI MEDICAL CTR

YATASHA MUSKIN

CLARKSDALE, MS 38614-7202

P.O.# 749-6741760

00202/3211					
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	namanakan (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
MATT MAJOR	5-29-18	6-01-18	DROP SHIP-GROUND	CPG Net	t 60
ORDER SHIPPED ITE	EM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRA CONTRACT	CT: HEALTH #: HPG-4' G#:DS-SFP Price: 270 Quantity: crce:	HTRUST STO 789 -GE-T= 3.29 2	COPPER SFP RJ-45 SPARE  COPPER	254.20	508.40
PLEASE REMIT PAYME CDW Governmen				INVOICE TOTAL	U.S. Currency

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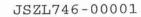
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Tax Identification 36-4230110

MPH4831

Z248 /



INVOICE NO.	ACCOUNT NO.	INVOICE DATE
MPH4831	1841520	5-02-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5 0 PO BOX 1218

NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR

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ATTN ACCTS PAYABLE 38614-1218 CLARKSDALE, MS

38614 CLARKSDALE, MS 749-6724265CE P.O.#

6626273211

TERMS SHIPPED VIA DATE ORDERED DATE SHIPPED **ACCOUNT MANAGER** CPG Net 60 FEDEX Ground 5-02-18 5-02-18 MATT MAJOR **EXTENSION** UNIT PRICE ITEM NUMBER DESCRIPTION ORDER SHIPPED 901.92 901.92 4462460 HP SB 800 G3 I5-6500 512GB 8GB W7 1 CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500 MFG#:1FZ09UT#ABA 4754470 HP ELITEDISPLAY E223 MON US 21.5I 138.31 138.31 1 CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500 MFG#:1FH45AA#ABA Cost Center: Quote/Order Source: 1040.23 Subtotal: .00 Freight: .00 Sales Tax: U.S. Currency INVOICE 1040.23

PLEASE REMIT PAYMENT TO:

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TOTAL

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INVOICE NO.

MPD0651

Z248 /

ACCOUNT NO. INVOICE DATE



JSXZ269-00001

The same of			MPD0651 1841520 5-01-18
S O L D	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218	S H I P	NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR
T O	ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211	T O	CLARKSDALE, MS 38614 P.O.# 749-6724265CE

66262/3211			1.0.# /45-0/2420	JCH	
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	5-01-18	5-01-18	FEDEX Ground	CPG Ne	t 60
ORDER SHIPPED ITE	M NUMBER DE	SCRIPTION		UNIT PRICE	EXTENSION
CONTRA CONTRACT		ITRUST PRI 500	33 I5-6500 512GB 8GB W7	901.92	901.92
CONTRA CONTRACT		HTRUST PRI	SPLAY E223 MON US 21.51 CING-HP INC.	138.31	138.31
Cost Center: Quote/Order Sou	rce:		Subtotal: Freight: Sales Tax:		1040.23
PLEASE REMIT PAYME				INVOICE TOTAL	U.S. Currency 1040.23

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Tax Identification 36-4230110

MNV7231

G905 /

JSWT406-00001

INVOICE NO.	'ACCOUNT NO.	INVOICE DATE
MNV7231	1841520	4-30-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5

PO BOX 1218

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ATTN ACCTS PAYABLE 38614-1218 CLARKSDALE, MS

6626273211

1970 HOSPITAL DR

NORTHWEST MISSISSIPPI MEDICAL CTR

YATASHA MUSKIN

CLARKSDALE, MS 38614-7202

749 CLARKSDALE CURAE STORES

P.O.# 749-6688635

6626273211		P.O.# /49-66666	5 5	
ACCOUNT MANAGER	DATE ORDERED DATE SHIPPEI	SHIPPED VIA	TERMS	
JEREMY KAHN	4-30-18 4-30-1	8 FEDEX Ground	Net 60	-verbal
ORDER SHIPPED I	TEM NUMBER DESCRIPTION		UNIT PRICE	EXTENSION
CONTR CONTRAC	1272528 HP LTO4 U ACT: HEALTHTRUST P T #: HPG-2500 FG#:C7974A	LTRIUM 1.6TB RW DATA TAP RICING-HP ENTERPR	18.86	377.20
Cost Center: Quote/Order So	urce:	Subtotal: Freight: Sales Tax:		377.20
PLEASE REMIT PAYN			INVOICE TOTAL	U.S. Currency

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MKS1657

Z248 /



PB79200-00001

INVOICE NO. ACCOUNT NO. INVOICE DATE

			MKS1657 1841520 4-17-18
S O L D	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218	H	749 CLARKSDALE CURAE STORES 1970 HOSPITAL DR NORTHWEST MISSISSIPPI MEDICAL CTR
T O	ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211		YATASHA MUSKIN CLARKSDALE, MS 38614-7202 P.O.# 749-6698503

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	3-26-18	4-17-18	FEDEX Ground	Net 60	-verbal
ORDER SHIPPED IT	EM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRA CONTRACT	CT: HEALTE T#: HPG-25 TG#:1093C00 arce: at Number:	HTRUST PRI 500 01 1841520-0	RSHOT ELPH 180 20MP SILECING-CATALOG  002 140173641 Subtotal: Freight: Sales Tax:	120.69	120.6
EASE REMIT PAYMI				INVOICE TOTAL	U.S. Currency

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MJR3419

Z248 /

PF83477-00002

INVOICE NO.	' ACCOUNT NO.	INVOICE DATE
MJR3419	1841520	4-11-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5

PO BOX 1218

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ATTN ACCTS PAYABLE

CLARKSDALE, MS 38614-1218

6626273211

749 CLARKSDALE CURAE STORES

1970 HOSPITAL DR

NORTHWEST MISSISSIPPI MEDICAL CTR P

YATASHA MUSKIN

CLARKSDALE, MS 38614-7202

P.O.# 749-6710222

6626273211			1.0.# /40 0/1022		
ACCOUNT MANAGER	DATE ORDERED DATE S	SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	4-11-18 4-1	L1-18	FEDEX Ground	CPG Ne	t 60
ORDER SHIPPED ITEM	M NUMBER DESCRIPT	ION		UNIT PRICE	EXTENSION
CONTRAC CONTRACT	CT: HEALTHTRUS #: HPG-2500 G#:DTSE9G2/640 Price: 26.9	ST PRI	GB USB3 DT SE9G2 CCING-CATALOG	26.90	53.80
CONTRAC CONTRACT	CT: HEALTHTRUS #: HPG-2500 G#:H6Y75UT#ABA	ST PRI	O 4GB SODIMM DDR3L-1600 ICING-CATALOG	39.17	39.17
Original Order (	Quantity: 1				
CONTRACT CONTRACT MFC	CT: HEALTHTRUS #: HPG-2500 G#:1FH45AA#AB	ST PR	SPLAY E223 MON US 21.51 ICING-HP INC.	138.31	1106.48
Original Order (					
PLEASE REMIT PAYME CDW Government				INVOICE TOTAL	U.S. Currency Continued

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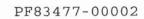
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MJR3419

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INVOICE NO.	ACCOUNT NO.	INVOICE DATE	
MJR3419	1841520	4-11-18	

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5

PO BOX 1218

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ATTN ACCTS PAYABLE

CLARKSDALE, MS 38614-1218

6626273211

5 749 CLARKSDALE CURAE STORES

H 1970 HOSPITAL DR

P NORTHWEST MISSISSIPPI MEDICAL CTR

T YATASHA MUSKIN

CLARKSDALE, MS 38614-7202

P.O.# 749-6710222

00202/3211			1.0.# /49-0/102	44	
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	4-11-18	4-11-18	FEDEX Ground	CPG Ne	t 60
ORDER SHIPPED ITE	M NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRAC CONTRACT	T: HEALTH #: HPG-25 G#:MZ-76E2 Price: 87 Quantity: TCe: Number:	HTRUST PRI 500 250E .22 10		87.22	2071.6 .0
LEASE REMIT PAYME CDW Government				INVOICE TOTAL	U.S. Currency 2071.6

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Tax Identification 36-4230110

MGN5273

Z248 /

JRMH449-00002

INVOICE NO.	'ACCOUNT NO.	INVOICE DATE
MGN5273	1841520	4-02-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. S S

PO BOX 1218

D

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ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218

6626273211

NWMRMC 1970 HOSPTIAL DRIVE

P ATTN: MICHAEL RAUCH

0 CLARKSDALE, MS 38614 P.O.# 749-6703043C

00202/3211			1.500 1.55		ALC: COLUMN TO SERVICE	
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA		TERMS	
MATT MAJOR	4-02-18	4-02-18	FEDEX Ground	NE	Т 30-	VERBAL
ORDER SHIPPED ITE	M NUMBER DI	ESCRIPTION		UNIT PR	UCE	EXTENSION
CONTRACT		HTRUST PRI	SIL STORM OP USB M CCING-CATALOG	ου 35	.48	887.00
CONTRACT		HTRUST PRI	SPLAY E223 MON US 21 CCING-HP INC.	.51 138	3.31	3457.75
CONTRACT		HTRUST PR	O SLVR STORM USB KB- ICING-CATALOG	BLK 35	5.04	876.00
CONTRA CONTRACT		HTRUST PR 500	G3 I5-7500T 256GB 8G ICING-HP INC.	B W 789	9.00	19725.00
25 25 4	564456 3	M PRIVACY	FILTER 21.5IN WS MC	ON 82	2.12	2053.00
PLEASE REMIT PAYME				INVO		U.S. Currency Continued

75 Remittance Drive, Suite 1515, Chicago, IL 60675-1515

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MGN5273

Z248 /

JRMH449-00002

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
MGN5273	1841520	4-02-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5 NWMRMC SOLD PO BOX 1218

1970 HOSPTIAL DRIVE P

ATTN ACCTS PAYABLE

CLARKSDALE, MS 38614-1218 6626273211

ATTN: MICHAEL RAUCH 0 CLARKSDALE, MS 38614

P.O.# 749-6703043C

6626273211		P.O.# 749-670	67030430		
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	4-02-18	4-02-18	FEDEX Ground	NET 30	-VERBAL
ORDER SHIPPED IT	TEM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRACT	F #: HPG-29 FG#:PF215W9	500	Subtotal: Freight: Sales Tax:		26998.75 .00 1889.91
PLEASE REMIT PAYM CDW Governmer				INVOICE TOTAL	U.S. Currency 28888.6

CDW Government

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Tax Identification 36-4230110

LXF0870

Z248 /



NT35754-00001

INVOICE NO. ACCOUNT NO. INVOICE DATE

	LXF0870	1841520	3-05-18
	HOSPITAL D	R	
P NORTH	IMEST MISSI	SSIPPI MED	ICAL CIR

S O L D TO ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211

YATASHA MUSKIN CLARKSDALE, MS 38614-7202 749-6677360 P.O.#

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	2-26-18	3-05-18	FEDEX Ground	CPG Ne	t 60
ORDER SHIPPED IT	EM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRA CONTRACT	ACT: HEALTH T #: HPG-25 FG#:HC-3003 Price: 4.8 Quantity: urce: nt Number:	HTRUST PRI 500 3US 37 10		4.87	48.7 .0 3.4
LEASE REMIT PAYME				INVOICE TOTAL	U.S. Currency 52.1

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INVOICE NO.

Z248 /

ACCOUNT NO. INVOICE DATE



T

JPGN942-00001

A CALL DE			LTS1705 1841520 2-21-18
)	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218	S H	749 CLARKSDALE CURAE STORES 1970 HOSPITAL DR
)			NORTHWEST MISSISSIPPI MEDICAL CTR
•	ATTN ACCTS PAYABLE	T	YATASHA MUSKIN

CLARKSDALE, MS 38614-1218 O CLARKSDALE, MS 38614-7202 6626273211 P.O.# 749-6618353

ACCOUNT N	MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
TT MAJ	OR	2-14-18	2-21-18	FEDEX Ground	CPG Net	c 60
ORDER	SHIPPED	ITEM NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION
1			HTRUST PRI 500	SPLAY E223 MON US 21.51 ICING-HP INC.	120.18	120.1
1	1	11498 AI MFG#:AOR	OVANCED OF	RDER REPLACE CDW	.00	.0
Cost Co Quote/		Source:		Subtotal: Freight: Sales Tax:		120.1 .0 8.4
	MIT PAY Governm	MENT TO:			INVOICE TOTAL	U.S. Currency

CDW Government

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LTS6234

Z248 /



NP83572-00001

		INVOICE NO.	ACCOUNT NO.	INVOICE DATE
		LTS6234	1841520	2-21-18
749	CL	ARKSDALE	CURAE STOR	ES

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S.

PO BOX 1218

1970 HOSPITAL DR

D ATTN ACCTS PAYABLE NORTHWEST MISSISSIPPI MEDICAL CTR

CLARKSDALE, MS 38614-1218

YATASHA MUSKIN 0

6626273211

CLARKSDALE, MS 38614-7202

P.O.# 749-6662268

00202/3211				, 15 000==		
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED		SHIPPED VIA	TERMS	
MATT MAJOR	2-07-18	2-21-18	DROP	SHIP-GROUND	CPG Ne	t 60
ORDER SHIPPED ITE	M NUMBER D	ESCRIPTION			UNIT PRICE	EXTENSION
CONTRAC CONTRACT	T: HEALTI #: HPG-2! G#:312-076 Price: 79 Quantity: rce: t Number:	HTRUST PRI 500 62-TM .34 1	CING-			79.34 .00 5.55
PLEASE REMIT PAYME CDW Government					INVOICE TOTAL	U.S. Currency

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LQQ9796

G905 /



NL01394-00001

	INVOICE NO.	ACCOUNT NO.	INVOICE DATE
	LQQ9796	1841520	2-07-18
749 CL	ARKSDALE	CURAE STOR	ES

S NORTHWEST MISSISSIPPI MEDICAL CNTR. 5

PO BOX 1218

1970 HOSPITAL DR

D ATTN ACCTS PAYABLE NORTHWEST MISSISSIPPI MEDICAL CTR

CLARKSDALE, MS 38614-1218 6626273211

749-6645313 T

CLARKSDALE, MS 38614-7202

749-6645313 P.O.#

6626273211			P.O.# 749-0045515			
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS		
JEREMY KAHN	1-18-18	2-07-18	FEDEX Ground	Net 60	-verbal	
ORDER SHIPPED ITE	M NUMBER DI	ESCRIPTION		UNIT PRICE	EXTENSION	
CONTRA CONTRACT	CT: HEALTH #: HPG-25 G#:QK643AA Price: 145 Quantity: rce: t Number:	HTRUST PRI 500 A-TM 9.79 1	O REPL 9CELL BATT CCING-CATALOG  002 132274421 Subtotal: Freight: Sales Tax:	149.79	149.79 .00 10.49	
PLEASE REMIT PAYME CDW Government				INVOICE TOTAL	U.S. Currency 160.2	

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INVOICE NO.

Z248 /

ACCOUNT NO. INVOICE DATE



NM83817-00001

			LQL5501 1841520 2-06-18
S O L D	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218	Н	749 CLARKSDALE CURAE STORES 1970 HOSPITAL DR NORTHWEST MISSISSIPPI MEDICAL CTR
T O	ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211		YATASHA MUSKIN CLARKSDALE, MS 38614-7202 P.O.# 749-6653287

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED		SHIPPED VIA	TERMS	
ATT MAJOR	1-29-18	2-06-18	FEDEX	Ground	CPG Ne	t 60
ORDER SHIPPED 17	TEM NUMBER DI	SCRIPTION			UNIT PRICE	EXTENSION
CONTRACTOR	ACT: HEALTH I #: HPG-25 FG#:E7U21U1 Price: 112 Quantity: urce: nt Number:	HTRUST PRI 500 12.46 1	CING-HI		6C 112.46	112.46 .00 7.8
EASE REMIT PAYM		***			INVOICE TOTAL	U.S. Currency 120.3

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LMZ6139

Z248 /



NM04725-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
LMZ6139	1841520	1-26-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5

PO BOX 1218

SOLD

ATTN ACCTS PAYABLE 38614-1218 CLARKSDALE, MS

6626273211

749 CLARKSDALE CURAE STORES 1970 HOSPITAL DR

NORTHWEST MISSISSIPPI MEDICAL CTR P

YATASHA MUSKIN

CLARKSDALE, MS 38614-7202

P.O.# 749-6649965

6626273211			P.O.# 749-004	J J U J	
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	1-24-18	1-26-18	FEDEX Ground	CPG Ne	t 60
ORDER SHIPPED IT	EM NUMBER D	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRA CONTRACT	CT: HEALTI T#: HPG-25 G#:CF380X Qualifier Price: 97 Quantity: arce: at Number:	HTRUST PRI 500 : IN .44 1	-YIELD LJ TONER CART ICING-HP INC.  002 132892020 Subtotal: Freight: Sales Tax:	BL 97.44	97.44 .00 6.82
PLEASE REMIT PAYMICON CDW Governmen		4012		INVOICE TOTAL	U.S. Currency 104.2
75 Remittance Di	rive, Suite 1	515, Chicag	o, IL 60675-1515	10	20.0001:201

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LNC4556 Z248 /G905

JNJM269-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
LNC4556	1841520	1-26-18

NORTHWEST MISSISSIPPI MEDICAL CNTR. S

NORTHWEST MISSISSIPPI MEDICAL CNTR.

PO BOX 1218

S

1970 HOSPITAL DR P

D ATTN ACCTS PAYABLE T 38614-1218 CLARKSDALE, MS

CLARKSDALE, MS 38614

6626273211

P.O.# 749-6652726

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	1-26-18	1-26-18	FedEx Overnight 10:30	- Net 60	verbal
		ESCRIPTION		UNIT PRICE	EXTENSION
CONTRA CONTRACT		HTRUST PRI	TER 110V MNT KIT RETAIL	293.05	586.10
Cost Center:					
Quote/Order Sou	irce:		Subtotal: Freight: Sales Tax:		586.10 .00 41.03
LEASE REMIT PAYMI				INVOICE TOTAL	U.S. Currency 627.1

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Thank you for your business.

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INVOICE NO.

G905 /

ACCOUNT NO. INVOICE DATE



SOLD

NL25835-00001

			LMR3721 1841520 1-25-18	
)	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218	Н	749 CLARKSDALE CURAE STORES 1970 HOSPITAL DR NORTHWEST MISSISSIPPI MEDICAL CTR	
)	ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211	Т	YATASHA MUSKIN CLARKSDALE, MS 38614-7202 P.O.# 749-6646322C	

ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	<b>)</b>
JEREMY KAHN	1-19-18	1-25-18	FEDEX Ground	Ground Net 60-verba	-verbal
ORDER SHIPPED IT	EM NUMBER DE	SCRIPTION		UNIT PRICE	extension
CONTRACTOR	ACT: HEALTH F #: HPG-25 FG#:1GE42UT Price: 104	TRUST PRI 000 "#ABA 3.96	G4 I5-7300U 256/8 W101 CCING-HP INC.	2 1043.96	1043.96
CONTRACT	ACT: HEALTH F #: HPG-25 FG#:D5D-000 Price: 19. Quantity: arce: nt Number:	TRUST PRI 000 001 33 1		N 19.33	19.33
PLEASE REMIT PAYM CDW Governmen				INVOICE TOTAL	U.S. Currency Continued

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G905 /



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NL25835-00001

		INVOICE NO.	ACCOL	INT NO.	INVOICE DATE
		LMR3721	1843	L520	1-25-18
9	CL	ARKSDALE	CURAE	STORI	ES
70	LI	OCDIMAT I	מר		

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5

PO BOX 1218

ATTN ACCTS PAYABLE

CLARKSDALE, MS 38614-1218

6626273211

749

1970 HOSPITAL DR

NORTHWEST MISSISSIPPI MEDICAL CTR

YATASHA MUSKIN

0 CLARKSDALE, MS 38614-7202

P.O.# 749-6646322C

00202732					
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
JEREMY KAHN	1-19-18	1-25-18	FEDEX Ground	Net 60	-verbal
ORDER SHIPPED	ITEM NUMBER D	ESCRIPTION		UNIT PRICE	EXTENSION
			Subtotal: Freight: Sales Tax:		1063.29 .00 74.43
PLEASE REMIT PA CDW Governr				INVOICE TOTAL	U.S. Currency

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LHV7259

Z248 /



NH09781-00003

		INVOICE NO.	ACCOUNT NO.	INVOICE DATE
		LHV7259	1841520	1-08-18
749	CL	ARKSDALE (	CURAE STORI	ES

NORTHWEST MISSISSIPPI MEDICAL CNTR. 5 0

PO BOX 1218

1970 HOSPITAL DR

D ATTN ACCTS PAYABLE

NORTHWEST MISSISSIPPI MEDICAL CTR P

0 CLARKSDALE, MS 38614-1218

YATASHA MUSKIN T 0

6626273211

CLARKSDALE, MS 38614-7202

P.O.# 749-6630569

6626273211			r.O.# /49-0030309				
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS			
MATT MAJOR	1-03-18	1-08-18	FEDEX Ground	CPG Ne	t 60		
ORDER SHIPPED ITE	M NUMBER DI	SCRIPTION		UNIT PRICE	EXTENSION		
CONTRAC CONTRACT	CT: CHS SI #: HPG-25 G#:H4B81A/ Price: 6.0 Quantity: rce: t Number:	IP - HEALT 500 A 06 10	USB LASER MOUSE CHTRUST PRICING-  1002 130401093 Subtotal: Freight: Sales Tax:	6.06	36.36 .00 2.55		
PLEASE REMIT PAYME CDW Government				INVOICE TOTAL	U.S. Currency		

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LHN0096

Z248 /



NF28766-00006

INVOICE NO. ACCOUNT NO. INVOICE DATE

			LHN0096 1841520 1-05-18
	NORTHWEST MISSISSIPPI MEDICAL CNTR.	S	749 CLARKSDALE CURAE STORES
l.	PO BOX 1218	H	1970 HOSPITAL DR
ę.		P	NORTHWEST MISSISSIPPI MEDICAL CTR
	ATTN ACCTS PAYABLE	T	YATASHA MUSKIN
	CLARKSDALE, MS 38614-1218	0	CLARKSDALE, MS 38614-7202

6626273211	110 3001	1210	P.O.# 749-661835		
ACCOUNT MANAGER	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR	12-18-17	1-05-18	FEDEX Ground	CPG Ne	t 60
ORDER SHIPPED ITE	M NUMBER DE	ESCRIPTION		UNIT PRICE	EXTENSION
CONTRAC CONTRACT	CT: CHS SI #: HPG-25 G#:1FH45AA Price: 135 Quantity: rce: t Number:	IP - HEALT 500 A#ABA 5.85 6		120.18	721.08 721.08 .00 50.48

PLEASE REMIT PAYMENT TO:

**CDW Government** 

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U.S. Currency

771.56

INVOICE

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# MIDDLE DISTRICT OF TENNESSEE Claims Register

### 3:18-bk-05678 Clarksdale Regional Medical Center Inc.

Judge: Charles M Walker Chapter: 11

Office: Nashville Last Date to file claims: Trustee: Last Date to file (Govt):

Creditor:(6739869)Claim No: 3Status:CDW DIRECT LLCOriginal FiledFiled by: CR200 N MILWAUKEE AVEDate: 09/14/2018Entered by: Intake2VERNON HILLS ILOriginal EnteredModified:

60061 Date: 09/14/2018

Last Amendment Filed: 09/14/2018 Last Amendment Entered: 09/14/2018

Amount claimed: \$150039.03 Priority claimed: \$27.87

History:

Details 3-1 09/14/2018 Claim #3 filed by CDW DIRECT LLC, Amount claimed: \$150039.03 (Intake2)
 Details 3-2 09/14/2018 Amended Claim #3 filed by CDW DIRECT LLC, Amount claimed: \$150039.03

(Intake2)

Description: (3-1) GOODS SOLD

(3-2) GOODS SOLD

Remarks: (3-2) AMENDED DUE TO COURT ERROR, PRIORITY AMOUNT WAS

LEFT OFF

## **Claims Register Summary**

Case Name: Clarksdale Regional Medical Center Inc.

Case Number: 3:18-bk-05678

Chapter: 11

**Date Filed:** 08/24/2018 **Total Number Of Claims:** 1

Total Amount Claimed*	\$150039.03
Total Amount Allowed*	

<sup>\*</sup>Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority	\$27.87	
Administrative		