

Fill in this information to identify the case:

Debtor 1 Clarksdale Regional Medical Center
 Debtor 2 dba Northwest Mississippi Medical Center
 (Spouse, if filing)
 United States Bankruptcy Court for the: Middle District of Tennessee
 Case number 18-05678

FILED

SEP 14 2018

Official Form 410

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

12/15

Proof of Claim

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.

Part 1: Identify the Claim

1. Who is the current creditor?		<u>CDW Direct, LLC</u>	
		Name of the current creditor (the person or entity to be paid for this claim)	
		Other names the creditor used with the debtor	
2. Has this claim been acquired from someone else?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
3. Where should notices and payments to the creditor be sent?		Where should notices to the creditor be sent?	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)		Where should payments to the creditor be sent? (if different)	
<u>CDW / Attn: Vida Krug</u>		Name	
<u>200 N. Milwaukee Ave</u>		Number Street	
<u>Vernon Hills IL 60061</u>		City State ZIP Code	
City State ZIP Code		City State ZIP Code	
Contact phone <u>847-419-6322</u>		Contact phone	
Contact email <u>Vida.krug@cdw.com</u>		Contact email	
Uniform claim identifier for electronic payments in chapter 13 (if you use one):			
4. Does this claim amend one already filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known)			
Filed on MM / DD / YYYY			
5. Do you know if anyone else has filed a proof of claim for this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing?			

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. 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

7. How much is the claim? \$ 150,039.03 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).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
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

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
- 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 filed or recorded.)
- Value of property: \$ _____
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

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☐ No

☒ Yes. Check all that apply:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ 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).

\$ _____

☐ 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).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ 27.87

* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

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

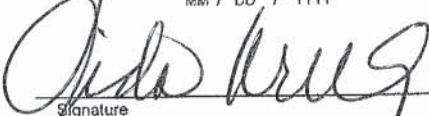
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* 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.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09-11-2018
MM / DD / YYYY


Signature

Print the name of the person who is completing and signing this claim:

Name: Vida Krug
First name Middle name Last name

Title: Sr Recovery Analyst

Company: CDW, LLC

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 200 N Milwaukee Ave

Number Street City State ZIP Code
Vernon Hills, IL 60061

Contact phone: 847-419-6322 Email: Vida.Krug@cdw.com



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	

CDWL# NG69871-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110

NVT5023

Z248 /



NG65104-00001

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

S
O
L
D

T
O

NORTHWEST MISSISSIPPI MEDICAL CNTR.
PO BOX 1218

ATTN ACCTS PAYABLE
CLARKSDALE, MS 38614-1218
6626273211

S
H
I
P

T
O

NORTHWEST MISSISSIPPI MEDICAL CNTR.
1970 HOSPITAL DR

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

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR		12-28-17	8-21-18	ELECTRONIC DISTRIBUTION	CPG Net 60	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
14	14	3696933	TIGERTEXT CHS UC USER CONTRACT: HEALTHTRUST PRICING-SOFTWARE CONTRACT #: HPG-2500 MFG#:TTCHSUCUSER Electronic distribution - NO MEDIA		1.00	14.00
Cost Center:						
Quote/Order Source:						
				Subtotal:		14.00
				Freight:		.00
				Sales Tax:		.00

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE
TOTALU.S. Currency
14.00ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# RH10050-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110

NQ3569

Z248 /



RD53166-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
NQ3569	1841520	8-03-18

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S 749 CLARKSDALE CURAE STORES
 O PO BOX 1218 H 1970 HOSPITAL DR
 L T NORTHWEST MISSISSIPPI MEDICAL CTR
 D T YATASHA MUSKIN
 O CLARKSDALE, MS 38614-1218 O CLARKSDALE, MS 38614-7202
 6626273211 P.O.# 749-6773638

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	DESCRIPTION		UNIT PRICE	EXTENSION
1	1	2714071	LOG WRLS M325 MOUSE-BLK		13.87	13.87
CONTRACT: HEALTHTRUST PRICING-CATALOG						
CONTRACT #: HPG-2500						
MFG#:910-002974						
Cost Center:						
Quote/Order Source:						
Shipping Account Number: 1841520-002						
3rd Party Assigned Order Nbr: 500154029535						
Subtotal:						13.87
Freight:						.00
Sales Tax:						.00

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE TOTAL	U.S. Currency 13.87
------------------	------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
 To have a Will Call order pre-invoiced contact the Curbside team at
 Curbside@cdw.com

Thank you for your business.

CDWL# RF87833-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110

NNX5342

Z248 /



RF84647-00001

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

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S
O PO BOX 1218 H
L
D
T ATTN ACCTS PAYABLE
O CLARKSDALE, MS 38614-1218
6626273211

749 CLARKSDALE CURAE STORES
1970 HOSPITAL DR
NORTHWEST MISSISSIPPI MEDICAL CTR
YATASHA MUSKIN
CLARKSDALE, MS 38614-7202
P.O.# 749-6777410

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	DESCRIPTION		UNIT PRICE	EXTENSION
2	2	3587438	C2G 15FT HI-SPEED HDMI W/ENET CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG#:50612 Original Order Price: 8.74 Original Order Quantity: 2		8.74	17.48
7	7	3036583	STARTECH 6FT HIGH SPEED HDMI CAB CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG#:HDMM6 Original Order Price: 4.88 Original Order Quantity: 7 Cost Center: Quote/Order Source: Shipping Account Number: 1841520-002 3rd Party Assigned Order Nbr: 500154800641		4.88	34.16

PLEASE REMIT PAYMENT TO:
CDW Government
75 Remittance Drive, Suite 1515, Chicago, IL 60675-1515

INVOICE TOTAL	U.S. Currency Continued
--------------------------	----------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# RF87833-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110

NNX5342

Z248 /



RF84647-00001

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

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S
O PO BOX 1218 H
L
D
T ATTN ACCTS PAYABLE
O CLARKSDALE, MS 38614-1218
6626273211

749 CLARKSDALE CURAE STORES
1970 HOSPITAL DR
NORTHWEST MISSISSIPPI MEDICAL CTR
YATASHA MUSKIN
CLARKSDALE, MS 38614-7202
P.O.# 749-6777410

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	DESCRIPTION		UNIT PRICE	EXTENSION
			Subtotal:			51.64
			Freight:			.00
			Sales Tax:			.00

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE TOTAL	U.S. Currency 51.64
------------------	------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# RD46870-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110NMJ7565
Z248 /

JXRL596-00001

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

S NORTHWEST MISSISSIPPI MEDICAL CNTR.
O PO BOX 1218
L
D
T ATTN ACCTS PAYABLE
O CLARKSDALE, MS 38614-1218
6626273211

S NWMRMC
H 1970 HOSPITAL DRIVE
I
P
T ATTN:MICHAEL RAUCH
O CLARKSDALE, MS 38614
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	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
1	1	4956731	CYBERPOWER MEDICAL GRADE UPS 750V		438.13	438.13
		CONTRACT: HEALTHTRUST PRICING-CATALOG				
		CONTRACT #: HPG-2500				
		MFG#:M750L				
Cost Center:						
Quote/Order Source:						
				Subtotal:		438.13
				Freight:		.00
				Sales Tax:		.00

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE TOTAL	U.S. Currency 438.13
------------------	-------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# RD71096-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110

NML2528

Z248 /



JXSQ793-00001

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

S O L D T O	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218 ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211	S H I P T O	NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR CLARKSDALE, MS 38614 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	DESCRIPTION		UNIT PRICE	EXTENSION
1	1	2714071	LOG WRLS M325 MOUSE-BLK CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG#:910-002974		13.87	13.87
Cost Center:						
Quote/Order Source:						
				Subtotal:		13.87
				Freight:		.00
				Sales Tax:		.00

PLEASE REMIT PAYMENT TO:

CDW Government

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

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# RD40396-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110

NMG8856

Z248 /



PZ85088-00001

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

S
O
L
D
T
O

NORTHWEST MISSISSIPPI MEDICAL CNTR.
PO BOX 1218
ATTN ACCTS PAYABLE
CLARKSDALE, MS 38614-1218
6626273211

S
H
I
P
T
O

749 CLARKSDALE CURAE STORES
1970 HOSPITAL DR
NORTHWEST MISSISSIPPI MEDICAL CTR
YATASHA MUSKIN
CLARKSDALE, MS 38614-7202
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	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
2	2	3069185	STARTECH 4PT PORTABLE USB 3.0 HUB CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG#:ST4300MINU3B Original Order Price: 17.34 Original Order Quantity: 2		17.34	34.68
2	2	3203815	STARTECH USB TO RS232 SERIAL ADAP CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG#:ICUSB232V2 Original Order Price: 12.57 Original Order Quantity: 2		12.57	25.14
4	4	2230570	TRIPP 6IN DISPLAYPORT TO VGA ADAP CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG#:P134-06N-VGA Original Order Price: 13.57 Original Order Quantity: 4		13.57	54.28
16	16	2009229	SEAL SHIELD SLVR STORM USB KB-BLK		35.04	560.64
PLEASE REMIT PAYMENT TO: CDW Government					INVOICE TOTAL	U.S. Currency Continued

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# RD40396-00001

*** ORIGINAL COPY **

Tax Identification

36-4230110

NMG8856

Z248 /



PZ85088-00001

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

S O L D T O	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218 ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211	S H I P T O	749 CLARKSDALE CURAE STORES 1970 HOSPITAL DR NORTHWEST MISSISSIPPI MEDICAL CTR YATASHA MUSKIN CLARKSDALE, MS 38614-7202 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	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG#:STK503 Original Order Price: 35.04 Original Order Quantity: 16						
16	16	1324776	SEAL SHIELD WASH SCROLL MOU		36.01	576.16
CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG#:SSM3 Original Order Price: 36.01 Original Order Quantity: 16						
Cost Center: Quote/Order Source: Shipping Account Number: 1841520-002 3rd Party Assigned Order Nbr: 500152173724						

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE TOTAL	U.S. Currency Continued
------------------	----------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
 To have a Will Call order pre-invoiced contact the Curbside team at
 Curbside@cdw.com

Thank you for your business.

CDWL# RD40396-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110

NMG8856

Z248 /



PZ85088-00001

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

S O L D T O	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218 ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211	S H I P T O	749 CLARKSDALE CURAE STORES 1970 HOSPITAL DR NORTHWEST MISSISSIPPI MEDICAL CTR YATASHA MUSKIN CLARKSDALE, MS 38614-7202 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	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
			Subtotal:			1250.90
			Freight:			.00
			Sales Tax:			.00
PLEASE REMIT PAYMENT TO:					INVOICE	U.S. Currency
CDW Government					TOTAL	1250.90

PLEASE REMIT PAYMENT TO:

CDW Government

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

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# PZ46300-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110NGV3409
Z248 /

JWWR957-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
NGV3409	1841520	7-03-18

S
O
L
D

T
O

NORTHWEST MISSISSIPPI MEDICAL CNTR.
PO BOX 1218

ATTN ACCTS PAYABLE
CLARKSDALE, MS 38614-1218
6626273211

S
H
I
P
T
O

NORTHWEST MISSISSIPPI MEDICAL CNTR.
1970 HOSPITAL DR

CLARKSDALE, MS 38614
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	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
1	1	4864209	HP SB ELITEDISPLAY E273 27" MON		235.12	235.12
CONTRACT: HEALTHTRUST PRICING-HP INC.						
CONTRACT #: HPG-2500						
MFG#:1FH50A8#ABA						
Cost Center:						
Quote/Order Source:						
Subtotal:						235.12
Freight:						.00
Sales Tax:						.00
PLEASE REMIT PAYMENT TO:					INVOICE	U.S. Currency
CDW Government					TOTAL	235.12

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# PX62101-00002

*** ORIGINAL COPY **

Tax Identification
36-4230110

NFZ9225

Z248 /



JWRK483-00002

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

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S NWMRMC
 O PO BOX 1218 H 1970 HOSPITAL DRIVE
 L
 T ATTN ACCTS PAYABLE T ATTN:MICHAEL RAUCH
 O CLARKSDALE, MS 38614-1218 O CLARKSDALE, MS 38614
 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	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
2	2	5046017	FUJITSU FI-7160 COL DUPLX 60PPM U CONTRACT: HEALTHTRUST PRICING-FUJITSU CONTRACT #: HPG-2500 MFG#:PA03670-B085		921.32	1842.64
2	2	4599393	HP LASERJET 550-SHEET PAPER TRAY CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500 MFG#:LOH17A		171.41	342.82
1	1	4586724	HP LASERJET ENTERPRISE M607N CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500 MFG#:K0Q14A#BGJ		580.98	580.98
2	2	4871329	HCA HP B300 PC MOUNTING BRACKET CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500 MFG#:2DW53AA-HCA		21.69	43.38
2	2	4462375	HP SB 800 G3 I5-7500T 256GB 8GB W		797.68	1595.36

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE TOTAL	U.S. Currency Continued
------------------	----------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
 To have a Will Call order pre-invoiced contact the Curbside team at
 Curbside@cdw.com

Thank you for your business.

CDWL# PX62101-00002

*** ORIGINAL COPY **

Tax Identification
36-4230110NFZ9225
Z248 /

JWRK483-00002

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

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S NWMRMC
 O PO BOX 1218 H 1970 HOSPITAL DRIVE
 L
 T ATTN ACCTS PAYABLE T ATTN:MICHAEL RAUCH
 O CLARKSDALE, MS 38614-1218 O CLARKSDALE, MS 38614
 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	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500 MFG#:1FY84UT#ABA						
2	2	4754470	HP ELITEDISPLAY E223 MON US 21.5I		138.31	276.62
CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500 MFG#:1FH45AA#ABA						
Cost Center:						
Quote/Order Source:						
Subtotal:						4681.80
Freight:						.00
Sales Tax:						.00

PLEASE REMIT PAYMENT TO:
CDW Government
75 Remittance Drive, Suite 1515, Chicago, IL 60675-1515

INVOICE TOTAL	U.S. Currency 4681.80
----------------------	--------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
 To have a Will Call order pre-invoiced contact the Curbside team at
 Curbside@cdw.com

Thank you for your business.

CDWL# PR99167-00016

*** ORIGINAL COPY **

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.
 O PO BOX 1218 H 1970 HOSPITAL DR
 L
 D
 T ATTN ACCTS PAYABLE
 O CLARKSDALE, MS 38614-1218
 6626273211
 O CLARKSDALE, MS 38614
 P.O.# 749-6744661C

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR		6-04-18	6-25-18	FEDEX Ground	Net 60 Days-Healt	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
5	2	4672381	VIZIO D-SERIES 40IN LED SMART TV		298.60	597.20
		CONTRACT: HEALTHTRUST PRICING-CATALOG				
		CONTRACT #: HPG-2500				
		MFG#:D40F-E1				
Cost Center:						
Quote/Order Source:						
		Subtotal:				597.20
		Freight:				.00
		Sales Tax:				.00

PLEASE REMIT PAYMENT TO:
CDW Government
75 Remittance Drive, Suite 1515, Chicago, IL 60675-1515

INVOICE TOTAL	U.S. Currency 597.20
----------------------	-------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
 To have a Will Call order pre-invoiced contact the Curbside team at
 Curbside@cdw.com

Thank you for your business.

CDWL# PR99167-00014

*** ORIGINAL COPY **

Tax Identification
36-4230110

NDM4043

Z248 /



JVMV780-00014

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
NDM4043	1841520	6-21-18

S
O
L
D

T
O

NORTHWEST MISSISSIPPI MEDICAL CNTR.
PO BOX 1218

ATTN ACCTS PAYABLE
CLARKSDALE, MS 38614-1218
6626273211

S
H
I
P
T
O

NORTHWEST MISSISSIPPI MEDICAL CNTR.
1970 HOSPITAL DR

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

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR		6-04-18	6-21-18	FEDEX Ground	Net 60 Days-Healt	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
5	3	4672381	VIZIO D-SERIES 40IN LED SMART TV		298.60	895.80
		CONTRACT: HEALTHTRUST PRICING-CATALOG				
		CONTRACT #: HPG-2500				
		MFG#:D40F-E1				
Cost Center:						
Quote/Order Source:						
		Subtotal:				895.80
		Freight:				.00
		Sales Tax:				.00

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE TOTAL	U.S. Currency 895.80
------------------	-------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# PV39802-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110

NCD3571

Z248 /



PT47635-00001

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

S O L D T O	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218 ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211	S H I P T O	749 CLARKSDALE CURAE STORES 1970 HOSPITAL DR NORTHWEST MISSISSIPPI MEDICAL CTR YATASHA MUSKIN CLARKSDALE, MS 38614-7202 P.O.# 749-6751111
----------------------------	---------------------------------------------------------------------------------------------------------------------	----------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR		6-12-18	6-15-18	FEDEX Ground	CPG Net 60	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
1	1	1902283	APC BACK UPS RS LCD 700 MTR CNTRL		106.70	106.70
CONTRACT: HEALTHTRUST PRICING-APC						
CONTRACT #: HPG-2500						
MFG#:BR700G						
Original Order Price: 106.7						
Original Order Quantity: 1						
Cost Center:						
Quote/Order Source:						
Shipping Account Number: 1841520-002						
3rd Party Assigned Order Nbr: 500149366041						
Subtotal:						106.70
Freight:						.00
Sales Tax:						.00

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE TOTAL	U.S. Currency 106.70
------------------	-------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
 To have a Will Call order pre-invoiced contact the Curbside team at
 Curbside@cdw.com

Thank you for your business.

CDWL# PT75215-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110

NBN5487

Z248 /



JVXT924-00001

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

S
O
L
D

T
O

NORTHWEST MISSISSIPPI MEDICAL CNTR.
PO BOX 1218

ATTN ACCTS PAYABLE
CLARKSDALE, MS 38614-1218
6626273211

S
H
I
P

T
O

NORTHWEST MISSISSIPPI MEDICAL CNTR.
1970 HOSPITAL DR

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

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR		6-13-18	6-13-18	UPS Next Day 10:30, mos	CPG Net 60	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
1	1	2557601	APRICORN AEGIS PADLOCK 2TB USB HD		204.29	204.29
		CONTRACT: HEALTHTRUST PRICING-CATALOG				
		CONTRACT #: HPG-2500				
		MFG#:ADT-3PL256-2000				
Cost Center:						
Quote/Order Source:						
		Subtotal:				
		Freight:				
		Sales Tax:				

PLEASE REMIT PAYMENT TO:

CDW Government

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

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# PR99167-00012

*** ORIGINAL COPY **

Tax Identification
36-4230110NBQ1696
Z248 /

JVMV780-00012

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
NBQ1696	1841520	6-13-18

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

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR		6-04-18	6-13-18	FEDEX Ground	Net 60 Days-Healt	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
34	34	2591201	ZEBRA 15FT USB SHIELD CAB-STRAIGH		36.00	1224.00
CONTRACT: HEALTHTRUST PRICING-CATALOG						
CONTRACT #: HPG-2500						
MFG#:CBA-U30-S15ZAR						
Cost Center:						
Quote/Order Source:						
Subtotal:						1224.00
Freight:						.00
Sales Tax:						.00

PLEASE REMIT PAYMENT TO:

CDW Government

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

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
 To have a Will Call order pre-invoiced contact the Curbside team at
 Curbside@cdw.com

Thank you for your business.

CDWL# PR99167-00010

*** ORIGINAL COPY **

Tax Identification
36-4230110

MZZ5708

Z248 /



JVMV780-00010

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

S
O
L
D

T
O

NORTHWEST MISSISSIPPI MEDICAL CNTR.
PO BOX 1218

ATTN ACCTS PAYABLE
CLARKSDALE, MS 38614-1218
6626273211

S
H
I
P

T
O

NORTHWEST MISSISSIPPI MEDICAL CNTR.
1970 HOSPITAL DR

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

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR		6-04-18	6-11-18	FEDEX Ground	Net 60 Days-Health	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
3	3	3095111	UNITECH HT630 MOBILE COMPUTER 2.5		412.25	1236.75
		CONTRACT: HEALTHTRUST PRICING-CATALOG				
		CONTRACT #: HPG-2500				
		MFG#:HT630-9000BADG				
Cost Center:						
Quote/Order Source:						
		Subtotal:				1236.75
		Freight:				.00
		Sales Tax:				.00

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE TOTAL	U.S. Currency 1236.75
------------------	--------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# PS10543-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110

MZG4900

Z248 /



JVMV942-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
MZG4900	1841520	6-07-18

S
O
L
D
T
O

NORTHWEST MISSISSIPPI MEDICAL CNTR.
PO BOX 1218
ATTN ACCTS PAYABLE
CLARKSDALE, MS 38614-1218
6626273211

S
H
I
P
T
O

829 CLARKSDALE STORES
1970 HOSPITAL DR
NORTHWEST MISSISSIPPI REGIONAL MED
CLARKSDALE, MS 38614-7202
P.O.# 749-6744661C

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR		6-04-18	6-07-18	ELECTRONIC DISTRIBUTION	Net 60 Days-Healt	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
550	550	4664135	SYM EP PROT L+M 500-999 1Y		15.70	8635.00
		CONTRACT: MARKET				
		MFG#:SEP-NEW-S-500-1K-1Y				
		Electronic distribution - NO MEDIA				
Cost Center:						
Quote/Order Source:						
					Subtotal:	8635.00
					Freight:	.00
					Sales Tax:	.00

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE
TOTALU.S. Currency
8635.00ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# PR99167-00008

*** ORIGINAL COPY **

Tax Identification
36-4230110

MXS4044

Z248 /



JVMV780-00008

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
MXS4044	1841520	6-05-18

S NORTHWEST MISSISSIPPI MEDICAL CNTR.
O PO BOX 1218
D
T ATTN ACCTS PAYABLE
O CLARKSDALE, MS 38614-1218
6626273211

S NORTHWEST MISSISSIPPI MEDICAL CNTR.
H 1970 HOSPITAL DR
P
T
O CLARKSDALE, MS 38614
P.O.# 749-6744661C

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR		6-04-18	6-05-18	FEDEX Ground	Net 60 Days-Health	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
7	7	2580481	ZEBRA 15" USB SHIELD COIL CAB CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG#:CBA-U29-C15ZAR		66.96	468.72
4	4	4144906	ZEBRA LI3678 RUGGED SR 1D SCANNER CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG#:LI3678-SR3U4210S1W		795.84	3183.36
Cost Center:						
Quote/Order Source:						
					Subtotal:	3652.08
					Freight:	.00
					Sales Tax:	.00

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE TOTAL	U.S. Currency 3652.08
------------------	--------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# PR99167-00004

*** ORIGINAL COPY **

Tax Identification
36-4230110MXL2530
Z248 /

JVMV780-00004

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

S
O
L
D
T
O

NORTHWEST MISSISSIPPI MEDICAL CNTR.
PO BOX 1218

ATTN ACCTS PAYABLE
CLARKSDALE, MS 38614-1218
6626273211

S
H
I
P
T
O

NORTHWEST MISSISSIPPI MEDICAL CNTR.
1970 HOSPITAL DR

CLARKSDALE, MS 38614
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-Health	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
2	2	3021135	ZEBRA LS2208 1D SR USB KIT W/STD CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG#:LS2208-SR20007R-NA		115.75	231.50
41	41	3470012	ZEBRA DS4308-HC USB KIT CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG#:DS4308-HCBU2100AZW		265.76	10896.16
5	5	4613411	STARTECH FULL MOTION TV WALL MOUN CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG#:FPWARTB1M		53.30	266.50
2	2	3145919	HP ULTRASLIM DOCKING STATION G2 CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500 MFG#:D9Y32AA#ABA		102.15	204.30
2	2	4964633	HP SB 840 G5 I5-8250U 256/8 W10P		1400.01	2800.02

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE TOTAL	U.S. Currency Continued
------------------	----------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# PR99167-00004

*** ORIGINAL COPY **

Tax Identification
36-4230110

MXL2530

Z248 /



JVMV780-00004

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

S
O
L
D

T
O

NORTHWEST MISSISSIPPI MEDICAL CNTR.
PO BOX 1218

ATTN ACCTS PAYABLE
CLARKSDALE, MS 38614-1218
6626273211

S
H
I
P

T
O

NORTHWEST MISSISSIPPI MEDICAL CNTR.
1970 HOSPITAL DR

CLARKSDALE, MS 38614
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-Health	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
			CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500 MFG#:3RF07UT#ABA			
16	16	4562941	HP SB 800 G3 I5-7500 256GB 8GB W1		1127.90	18046.40
			CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500 MFG#:1JF73UT#ABA			
8	8	1723590	ERGOTRON 200 SERIES COMBO ARM BLK		412.66	3301.28
			CONTRACT: HEALTHTRUST PRICING-ERGOTRON CONTRACT #: HPG-2500 MFG#:45-230-200			
8	8	4599393	HP LASERJET 550-SHEET PAPER TRAY		171.41	1371.28
			CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500 MFG#:L0H17A			
4	4	4586724	HP LASERJET ENTERPRISE M607N		580.98	2323.92
			CONTRACT: HEALTHTRUST PRICING-HP INC.			

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE
TOTALU.S. Currency
ContinuedISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
 To have a Will Call order pre-invoiced contact the Curbside team at
 Curbside@cdw.com

Thank you for your business.

CDWL# PR99167-00004

*** ORIGINAL COPY **

Tax Identification
36-4230110

MXL2530

Z248 /



JVMV780-00004

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

S
O
L
D
T
O
NORTHWEST MISSISSIPPI MEDICAL CNTR.
PO BOX 1218
ATTN ACCTS PAYABLE
CLARKSDALE, MS 38614-1218
6626273211

S
H
I
P
T
O
NORTHWEST MISSISSIPPI MEDICAL CNTR.
1970 HOSPITAL DR
CLARKSDALE, MS 38614
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-Healt	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
			CONTRACT #: HPG-2500 MFG#:K0Q14A#BGJ			
1	1	3869418	HP LJ PRO SHEET FEEDER 550 PAGE CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500 MFG#:D9P29A		123.48	123.48
4	4	3826576	HP LASERJET PRO M402N CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500 MFG#:C5F93A#BGJ		189.00	756.00
1	1	3808153	HP COLOR LJ PRO M452NW CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500 MFG#:CF388A#BGJ		249.00	249.00
14	14	4871329	HCA HP B300 PC MOUNTING BRACKET CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500		21.69	303.66

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE TOTAL	U.S. Currency Continued
------------------	----------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# PR99167-00004

*** ORIGINAL COPY **

Tax Identification
36-4230110

MXL2530

Z248 /



JVMV780-00004

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

S
O
L
D
T
O
NORTHWEST MISSISSIPPI MEDICAL CNTR.
PO BOX 1218
ATTN ACCTS PAYABLE
CLARKSDALE, MS 38614-1218
6626273211

S
H
I
P
T
O
NORTHWEST MISSISSIPPI MEDICAL CNTR.
1970 HOSPITAL DR
CLARKSDALE, MS 38614
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-Health	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
			MFG#: 2DW53AA-HCA			
14	14	4754470	HP ELITEDISPLAY E223 MON US 21.5I		138.31	1936.34
			CONTRACT: HEALTHTRUST PRICING-HP INC.			
			CONTRACT #: HPG-2500			
			MFG#: 1FH45AA#ABA			
19	19	4462375	HP SB 800 G3 I5-7500T 256GB 8GB W		797.68	15155.92
			CONTRACT: HEALTHTRUST PRICING-HP INC.			
			CONTRACT #: HPG-2500			
			MFG#: 1FY84UT#ABA			
4	4	2460622	ZEBRA GX420 TT 203DPI USB/SER/ENE		557.48	2229.92
			CONTRACT: HEALTHTRUST PRICING-CATALOG			
			CONTRACT #: HPG-2500			
			MFG#: GX42-102410-000			
2	2	2734409	ZEBRA ZT230 DT 203 SER USB ENET Z		917.04	1834.08
			CONTRACT: HEALTHTRUST PRICING-CATALOG			
			CONTRACT #: HPG-2500			
			MFG#: ZT23042-D01200FZ			

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE TOTAL	U.S. Currency Continued
------------------	----------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# PR99167-00004

*** ORIGINAL COPY **

Tax Identification
36-4230110

MXL2530

Z248 /



JVMV780-00004

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

S O L D T O	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218 ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211	S H I P T O	NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR CLARKSDALE, MS 38614 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-Health	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
6	6	4524124	STARTECH MONITOR WALL MOUNT CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG#:ARMWALL		21.22	127.32
6	6	4566339	HP SB 800 G3 I5-7500 256GB 8GB W1 CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500 MFG#:1JF75UT#ABA		1265.46	7592.76
1	1	4632824	FUJITSU FI-7700 100PPM SCANNER CONTRACT: HEALTHTRUST PRICING-FUJITSU CONTRACT #: HPG-2500 MFG#:PA03740-B005		5421.38	5421.38
16	16	5046017	FUJITSU FI-7160 COL DUPLX 60PPM U CONTRACT: HEALTHTRUST PRICING-FUJITSU CONTRACT #: HPG-2500 MFG#:PA03670-B085		921.32	14741.12

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE TOTAL	U.S. Currency Continued
------------------	----------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# PR99167-00004

*** ORIGINAL COPY **

Tax Identification
36-4230110

MXL2530

Z248 /



JVMV780-00004

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

S O L D T O	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218 ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211	S H I P T O	NORTHWEST MISSISSIPPI MEDICAL CNTR. 1970 HOSPITAL DR CLARKSDALE, MS 38614 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-Health	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
Cost Center: Quote/Order Source:						
						</

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# PR29726-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110

MXC5657

Z248 /



PQ79414-00001

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

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S
O PO BOX 1218 H
L
D
ATTN ACCTS PAYABLE
O CLARKSDALE, MS 38614-1218
6626273211

749 CLARKSDALE CURAE STORES
1970 HOSPITAL DR
NORTHWEST MISSISSIPPI MEDICAL CTR
YATASHA MUSKIN
O CLARKSDALE, MS 38614-7202
P.O.# 749-6741760

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR		5-29-18	6-01-18	DROP SHIP-GROUND	CPG Net 60	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
2	2	1204711	CISCO GETH-COPPER SFP RJ-45 SPARE		254.20	508.40
CONTRACT: HEALTHTRUST STORAGE PRICING-CA						
CONTRACT #: HPG-4789						
MFG#:DS-SFP-GE-T=						
Original Order Price: 278.29						
Original Order Quantity: 2						
Cost Center:						
Quote/Order Source:						
Shipping Account Number: 1841520-002						
3rd Party Assigned Order Nbr: 500147719760						
Subtotal:						508.40
Freight:						.00
Sales Tax:						.00
PLEASE REMIT PAYMENT TO:					INVOICE	U.S. Currency
CDW Government					TOTAL	508.40

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# PK90973-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110

MPH4831

Z248 /



JSZL746-00001

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

S
O
L
D
T
O

NORTHWEST MISSISSIPPI MEDICAL CNTR.
PO BOX 1218

ATTN ACCTS PAYABLE
CLARKSDALE, MS 38614-1218
6626273211

S
H
I
P
T
O

NORTHWEST MISSISSIPPI MEDICAL CNTR.
1970 HOSPITAL DR

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

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

PLEASE REMIT PAYMENT TO:

CDW Government

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

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# PK82913-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110

MPD0651

Z248 /



JSXZ269-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
MPD0651	1841520	5-01-18

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

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR		5-01-18	5-01-18	FEDEX Ground	CPG Net 60	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
1	1	4462460	HP SB 800 G3 I5-6500 512GB 8GB W7 CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500 MFG#:1FZ09UT#ABA		901.92	901.92
1	1	4754470	HP ELITEDISPLAY E223 MON US 21.5I CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500 MFG#:1FH45AA#ABA		138.31	138.31
Cost Center:						
Quote/Order Source:						
Subtotal:						1040.23
Freight:						.00
Sales Tax:						.00

PLEASE REMIT PAYMENT TO:

CDW Government

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

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
 To have a Will Call order pre-invoiced contact the Curbside team at
 Curbside@cdw.com

Thank you for your business.

CDWL# PK59772-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110

MNV7231

G905 /



JSWT406-00001

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

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S 749 CLARKSDALE CURAE STORES
 O PO BOX 1218 H 1970 HOSPITAL DR
 T ATTN ACCTS PAYABLE P NORTHWEST MISSISSIPPI MEDICAL CTR
 O CLARKSDALE, MS 38614-1218 T YATASHA MUSKIN
 6626273211 O CLARKSDALE, MS 38614-7202
 P.O.# 749-6688635

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
JEREMY KAHN		4-30-18	4-30-18	FEDEX Ground	Net 60-verbal	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
20	20	1272528	HP LTO4 ULTRIUM 1.6TB RW DATA TAP		18.86	377.20
		CONTRACT: HEALTHTRUST PRICING-HP ENTERPR				
		CONTRACT #: HPG-2500				
		MFG#:C7974A				
Cost Center:						
Quote/Order Source:						
		Subtotal:				377.20
		Freight:				.00
		Sales Tax:				.00

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE TOTAL	U.S. Currency 377.20
------------------	-------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
 To have a Will Call order pre-invoiced contact the Curbside team at
 Curbside@cdw.com

Thank you for your business.

CDWL# PG90535-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110

MKS1657

Z248 /



PB79200-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
MKS1657	1841520	4-17-18

S O L D T O	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218 ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211	S H I P T O	749 CLARKSDALE CURAE STORES 1970 HOSPITAL DR NORTHWEST MISSISSIPPI MEDICAL CTR 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	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
1	1	4085941	CANON POWERSHOT ELPH 180 20MP SIL		120.69	120.69
CONTRACT: HEALTHTRUST PRICING-CATALOG						
CONTRACT #: HPG-2500						
MFG#:1093C001						
Cost Center:						
Quote/Order Source:						
Shipping Account Number: 1841520-002						
3rd Party Assigned Order Nbr: 500140173641						
Subtotal:						120.69
Freight:						.00
Sales Tax:						.00

PLEASE REMIT PAYMENT TO:

CDW Government

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

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# PF84026-00002

*** ORIGINAL COPY **

Tax Identification
36-4230110

MJR3419

Z248 /



PF83477-00002

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

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S 749 CLARKSDALE CURAE STORES
 O PO BOX 1218 H 1970 HOSPITAL DR
 L P NORTHWEST MISSISSIPPI MEDICAL CTR
 D T YATASHA MUSKIN
 T O CLARKSDALE, MS 38614-1218 O CLARKSDALE, MS 38614-7202
 O 6626273211 P.O.# 749-6710222

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR		4-11-18	4-11-18	FEDEX Ground	CPG Net 60	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
2	2	3603480	KINGSTON 64GB USB3 DT SE9G2 CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG#:DTSE9G2/64GB Original Order Price: 26.9 Original Order Quantity: 2		26.90	53.80
1	1	3274715	TOTAL MICRO 4GB SODIMM DDR3L-1600 CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG#:H6Y75UT#ABA-TM Original Order Price: 39.17 Original Order Quantity: 1		39.17	39.17
8	8	4754470	HP ELITEDISPLAY E223 MON US 21.5I CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500 MFG#:1FH45AA#ABA Original Order Price: 138.31 Original Order Quantity: 8		138.31	1106.48

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE TOTAL	U.S. Currency Continued
------------------	----------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
 To have a Will Call order pre-invoiced contact the Curbside team at
 Curbside@cdw.com

Thank you for your business.

CDWL# PF84026-00002

*** ORIGINAL COPY **

Tax Identification
36-4230110

MJR3419

Z248 /



PF83477-00002

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

S O L D T O	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218 ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211	S H I P T O	749 CLARKSDALE CURAE STORES 1970 HOSPITAL DR NORTHWEST MISSISSIPPI MEDICAL CTR 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 Net 60	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
10	10	4934156	SAMSUNG 860 EVO 250GB SATA 2.5IN		87.22	872.20
CONTRACT: HEALTHTRUST PRICING-CATALOG						
CONTRACT #: HPG-2500						
MFG#:MZ-76E250E						
Original Order Price: 87.22						
Original Order Quantity: 10						
Cost Center:						
Quote/Order Source:						
Shipping Account Number: 1841520-002						
3rd Party Assigned Order Nbr: 500142120746						
Subtotal:						2071.65
Freight:						.00
Sales Tax:						.00

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE TOTAL	U.S. Currency 2071.65
------------------	--------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
 To have a Will Call order pre-invoiced contact the Curbside team at
 Curbside@cdw.com

Thank you for your business.

CDWL# PD07223-00002

*** ORIGINAL COPY **

Tax Identification
36-4230110

MGN5273

Z248 /



JRMH449-00002

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

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S NWMRMC
 O PO BOX 1218 H 1970 HOSPITAL DRIVE
 L
 T ATTN ACCTS PAYABLE T ATTN:MICHAEL RAUCH
 O CLARKSDALE, MS 38614-1218 O CLARKSDALE, MS 38614
 6626273211 P.O.# 749-6703043C

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	DESCRIPTION	UNIT PRICE	EXTENSION
25	25	2030777	SEAL SHIELD SIL STORM OP USB MOU CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG#:STM042	35.48	887.00
25	25	4754470	HP ELITEDISPLAY E223 MON US 21.5I CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500 MFG#:1FH45AA#ABA	138.31	3457.75
25	25	2009229	SEAL SHIELD SLVR STORM USB KB-BLK CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG#:STK503	35.04	876.00
25	25	4462375	HP SB 800 G3 I5-7500T 256GB 8GB W CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500 MFG#:1FY84UT#ABA	789.00	19725.00
25	25	4564456	3M PRIVACY FILTER 21.5IN WS MON	82.12	2053.00

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE TOTAL	U.S. Currency Continued
------------------	----------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
 To have a Will Call order pre-invoiced contact the Curbside team at
 Curbside@cdw.com

Thank you for your business.

CDWL# PD07223-00002

*** ORIGINAL COPY **

Tax Identification
36-4230110

MGN5273

Z248 /



JRMH449-00002

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

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S NWMRMC
 O PO BOX 1218 H 1970 HOSPITAL DRIVE
 L
 T ATTN ACCTS PAYABLE T ATTN:MICHAEL RAUCH
 O CLARKSDALE, MS 38614-1218 O CLARKSDALE, MS 38614
 6626273211 P.O.# 749-6703043C

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	DESCRIPTION		UNIT PRICE	EXTENSION
				CONTRACT: HEALTHTRUST PRICING-CATALOG CONTRACT #: HPG-2500 MFG#:PF215W9B Cost Center: Quote/Order Source:		
				Subtotal:		26998.75
				Freight:		.00
				Sales Tax:		1889.91
PLEASE REMIT PAYMENT TO: CDW Government					INVOICE TOTAL	U.S. Currency 28888.66

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
 To have a Will Call order pre-invoiced contact the Curbside team at
 Curbside@cdw.com

Thank you for your business.

CDWL# NV64245-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110LXF0870
Z248 /

NT35754-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
LXF0870	1841520	3-05-18

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S
O PO BOX 1218 H
D
T ATTN ACCTS PAYABLE
O CLARKSDALE, MS 38614-1218
6626273211

749 CLARKSDALE CURAE STORES
1970 HOSPITAL DR
NORTHWEST MISSISSIPPI MEDICAL CTR
YATASHA MUSKIN
CLARKSDALE, MS 38614-7202
P.O.# 749-6677360

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR		2-26-18	3-05-18	FEDEX Ground	CPG Net 60	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
10	10	1990206	ADESSO 3BTN OPT SCROLL MOU		4.87	48.70
		CONTRACT: HEALTHTRUST PRICING-CATALOG				
		CONTRACT #: HPG-2500				
		MFG#:HC-3003US				
		Original Order Price: 4.87				
		Original Order Quantity: 10				
		Cost Center:				
		Quote/Order Source:				
		Shipping Account Number: 1841520-002				
		3rd Party Assigned Order Nbr: 500136784086				
		Subtotal:				48.70
		Freight:				.00
		Sales Tax:				3.41

CDW Government

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

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# NS42713-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110LTS1705
Z248 /

JPGN942-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
LTS1705	1841520	2-21-18

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S
O PO BOX 1218 H
D
T ATTN ACCTS PAYABLE
O CLARKSDALE, MS 38614-1218
6626273211

749 CLARKSDALE CURAE STORES
1970 HOSPITAL DR
NORTHWEST MISSISSIPPI MEDICAL CTR
YATASHA MUSKIN
CLARKSDALE, MS 38614-7202
P.O.# 749-6618353

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR		2-14-18	2-21-18	FEDEX Ground	CPG Net 60	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
1	1	4754470	HP ELITEDISPLAY E223 MON US 21.5I		120.18	120.18
		CONTRACT: HEALTHTRUST PRICING-HP INC.				
		CONTRACT #: HPG-2500				
		MFG#:1FH45AA#ABA				
1	1	11498	ADVANCED ORDER REPLACE CDW		.00	.00
		MFG#:AOR				
Cost Center:						
Quote/Order Source:						
					Subtotal:	120.18
					Freight:	.00
					Sales Tax:	8.41

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE TOTAL	U.S. Currency 128.59
------------------	-------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# NS39847-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110LTS6234
Z248 /

NP83572-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
LTS6234	1841520	2-21-18

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S 749 CLARKSDALE CURAE STORES
 O PO BOX 1218 H 1970 HOSPITAL DR
 L
 D P NORTHWEST MISSISSIPPI MEDICAL CTR
 T ATTN ACCTS PAYABLE T YATASHA MUSKIN
 O CLARKSDALE, MS 38614-1218 O CLARKSDALE, MS 38614-7202
 6626273211 P.O.# 749-6662268

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR		2-07-18	2-21-18	DROP SHIP-GROUND	CPG Net 60	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
1	1	1739944	TMT BATTERY DELL E5400 E5500 6-CE		79.34	79.34
CONTRACT: HEALTHTRUST PRICING-CATALOG						
CONTRACT #: HPG-2500						
MFG#:312-0762-TM						
Original Order Price: 79.34						
Original Order Quantity: 1						
Cost Center:						
Quote/Order Source:						
Shipping Account Number: 1841520-002						
3rd Party Assigned Order Nbr: 500134524835						
Subtotal:						79.34
Freight:						.00
Sales Tax:						5.55

PLEASE REMIT PAYMENT TO:
CDW Government
75 Remittance Drive, Suite 1515, Chicago, IL 60675-1515

INVOICE TOTAL	U.S. Currency 84.89
--------------------------	------------------------

ISO 9001:2011
 CERTIFIED

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 CustomerRelations@CDW.com
 To have a Will Call order pre-invoiced contact the Curbside team at
 Curbside@cdw.com

Thank you for your business.

CDWL# NL51487-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110

LQQ9796

G905 /



NL01394-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
LQQ9796	1841520	2-07-18

S
O
L
D
T
O

NORTHWEST MISSISSIPPI MEDICAL CNTR.
PO BOX 1218
ATTN ACCTS PAYABLE
CLARKSDALE, MS 38614-1218
6626273211

S
H
I
P
T
O

749 CLARKSDALE CURAE STORES
1970 HOSPITAL DR
NORTHWEST MISSISSIPPI MEDICAL CTR
749-6645313
CLARKSDALE, MS 38614-7202
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	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
1	1	3026459	TOTAL MICRO REPL 9CELL BATT		149.79	149.79
CONTRACT: HEALTHTRUST PRICING-CATALOG						
CONTRACT #: HPG-2500						
MFG#:QK643AA-TM						
Original Order Price: 149.79						
Original Order Quantity: 1						
Cost Center:						
Quote/Order Source:						
Shipping Account Number: 1841520-002						
3rd Party Assigned Order Nbr: 500132274421						
Subtotal:						149.79
Freight:						.00
Sales Tax:						10.49

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE TOTAL	U.S. Currency 160.28
------------------	-------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# NP75731-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110

LQL5501

Z248 /



NM83817-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
LQL5501	1841520	2-06-18

S O L D T O	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218 ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211	S H I P T O	749 CLARKSDALE CURAE STORES 1970 HOSPITAL DR NORTHWEST MISSISSIPPI MEDICAL CTR 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 Net 60	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
1	1	3224093	HP SB CA06XL PRMY BATT 640/650 6C		112.46	112.46
CONTRACT: HEALTHTRUST PRICING-HP INC.						
CONTRACT #: HPG-2500						
MFG#:E7U21UT						
Original Order Price: 112.46						
Original Order Quantity: 1						
Cost Center:						
Quote/Order Source:						
Shipping Account Number: 1841520-002						
3rd Party Assigned Order Nbr: 500133357674						
Subtotal:						112.46
Freight:						.00
Sales Tax:						7.87

PLEASE REMIT PAYMENT TO:

CDW Government

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

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# NM50622-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110

LMZ6139

Z248 /



NM04725-00001

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

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S 749 CLARKSDALE CURAE STORES
 O PO BOX 1218 H 1970 HOSPITAL DR
 L P NORTHWEST MISSISSIPPI MEDICAL CTR
 D T YATASHA MUSKIN
 T O CLARKSDALE, MS 38614-1218 O CLARKSDALE, MS 38614-7202
 O 6626273211 P.O.# 749-6649965

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR		1-24-18	1-26-18	FEDEX Ground	CPG Net 60	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
1	1	3340014	HP 312X HI-YIELD LJ TONER CART BL		97.44	97.44
CONTRACT: HEALTHTRUST PRICING-HP INC.						
CONTRACT #: HPG-2500						
MFG#:CF380X						
Customers Part Qualifier: IN						
Original Order Price: 97.44						
Original Order Quantity: 1						
Cost Center:						
Quote/Order Source:						
Shipping Account Number: 1841520-002						
3rd Party Assigned Order Nbr: 500132892020						
Subtotal:					97.44	
Freight:					.00	
Sales Tax:					6.82	

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE TOTAL	U.S. Currency 104.26
------------------	-------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
 To have a Will Call order pre-invoiced contact the Curbside team at
 Curbside@cdw.com

Thank you for your business.

CDWL# NM67165-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110LNC4556
Z248 /G905

JNJM269-00001

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

S
O
L
D
T
O

NORTHWEST MISSISSIPPI MEDICAL CNTR.
PO BOX 1218
ATTN ACCTS PAYABLE
CLARKSDALE, MS 38614-1218
6626273211

S
H
I
P
T
O

NORTHWEST MISSISSIPPI MEDICAL CNTR.
1970 HOSPITAL DR
CLARKSDALE, MS 38614
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	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
2	2	3673775	HP LJ PRINTER 110V MNT KIT RETAIL		293.05	586.10
		CONTRACT: HEALTHTRUST PRICING-HP INC.				
		CONTRACT #: HPG-2500				
		MFG#:F2G76A				
Cost Center:						
Quote/Order Source:						
		Subtotal:				586.10
		Freight:				.00
		Sales Tax:				41.03

CDW Government

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

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# NM31072-00001

*** ORIGINAL COPY **

Tax Identification
36-4230110

LMR3721

G905 /



NL25835-00001

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
LMR3721	1841520	1-25-18

S O L D T O	NORTHWEST MISSISSIPPI MEDICAL CNTR. PO BOX 1218 ATTN ACCTS PAYABLE CLARKSDALE, MS 38614-1218 6626273211	S H I P T O	749 CLARKSDALE CURAE STORES 1970 HOSPITAL DR NORTHWEST MISSISSIPPI MEDICAL CTR YATASHA MUSKIN CLARKSDALE, MS 38614-7202 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	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
1	1	4427243	HP SB 840 G4 I5-7300U 256/8 W10P CONTRACT: HEALTHTRUST PRICING-HP INC. CONTRACT #: HPG-2500 MFG#:1GE42UT#ABA Original Order Price: 1043.96 Original Order Quantity: 1		1043.96	1043.96
1	1	1810106	MSH WRLS MOBILE 4000 MOU MAC/WIN CONTRACT: HEALTHTRUST PRICING-MICROSOFT CONTRACT #: HPG-2500 MFG#:D5D-00001 Original Order Price: 19.33 Original Order Quantity: 1 Cost Center: Quote/Order Source: Shipping Account Number: 1841520-002 3rd Party Assigned Order Nbr: 500132417632		19.33	19.33

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE TOTAL	U.S. Currency Continued
------------------	----------------------------

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will! Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# NH35300-00003

*** ORIGINAL COPY **

Tax Identification
36-4230110LHV7259
Z248 /

NH09781-00003

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

S NORTHWEST MISSISSIPPI MEDICAL CNTR. S
O PO BOX 1218 H
L
D
T ATTN ACCTS PAYABLE
O CLARKSDALE, MS 38614-1218
6626273211

749 CLARKSDALE CURAE STORES
1970 HOSPITAL DR
NORTHWEST MISSISSIPPI MEDICAL CTR
YATASHA MUSKIN
CLARKSDALE, MS 38614-7202
P.O.# 749-6630569

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR		1-03-18	1-08-18	FEDEX Ground	CPG Net 60	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
10	6	3000538	HP 3-BUTTON USB LASER MOUSE		6.06	36.36
CONTRACT: CHS SIP - HEALTHTRUST PRICING-						
CONTRACT #: HPG-2500						
MFG#:H4B81AA						
Original Order Price: 6.06						
Original Order Quantity: 10						
Cost Center:						
Quote/Order Source:						
Shipping Account Number: 1841520-002						
3rd Party Assigned Order Nbr: 500130401093						
Subtotal:						36.36
Freight:						.00
Sales Tax:						2.55

PLEASE REMIT PAYMENT TO:

CDW Government

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

ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
To have a Will Call order pre-invoiced contact the Curbside team at
Curbside@cdw.com

Thank you for your business.

CDWL# NG12705-00006

*** ORIGINAL COPY **

Tax Identification
36-4230110

LHN0096

Z248 /



NF28766-00006

INVOICE NO.	ACCOUNT NO.	INVOICE DATE
LHN0096	1841520	1-05-18

S NORTHWEST MISSISSIPPI MEDICAL CNTR.
O PO BOX 1218
L
D
T ATTN ACCTS PAYABLE
O CLARKSDALE, MS 38614-1218
6626273211

S 749 CLARKSDALE CURAE STORES
H 1970 HOSPITAL DR
I
P NORTHWEST MISSISSIPPI MEDICAL CTR
T YATASHA MUSKIN
O CLARKSDALE, MS 38614-7202
P.O.# 749-6618353

ACCOUNT MANAGER		DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS	
MATT MAJOR		12-18-17	1-05-18	FEDEX Ground	CPG Net 60	
ORDER	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENSION
6	6	4754470	HP ELITEDISPLAY E223 MON US 21.5I		120.18	721.08
CONTRACT: CHS SIP - HEALTHTRUST PRICING-						
CONTRACT #: HPG-2500						
MFG#:1FH45AA#ABA						
Original Order Price: 135.85						
Original Order Quantity: 6						
Cost Center:						
Quote/Order Source:						
Shipping Account Number: 1841520-002						
3rd Party Assigned Order Nbr: 500128806974						
Subtotal:						721.08
Freight:						.00
Sales Tax:						50.48

PLEASE REMIT PAYMENT TO:

CDW Government

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

INVOICE
TOTALU.S. Currency
771.56ISO 9001:2011
CERTIFIED

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 CustomerRelations@CDW.com
 To have a Will Call order pre-invoiced contact the Curbside team at
 Curbside@cdw.com

Thank you for your business.

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: 3

Status:

CDW DIRECT LLC

Original Filed

Filed by: CR

200 N MILWAUKEE AVE

Date: 09/14/2018

Entered by: Intake2

VERNON HILLS IL

Original Entered

Modified:

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*	

*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		