

Requisition

Req # 00140907

PO #

Date: 10/03/08

*Regular
11720
10/2/08*

Bill To: x
x

Vendor: 296627
HENRY SCHEIN, INC.
135 DURYEA ROAD
MELVILLE NY 11747

Ship To: HEALTH DEPARTMENT
1304 S. 25TH
EDINBURG TX 78539

Contact: Josie Escalant
956-383-6221

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		DO NOT DUPLICATE ORDER		
100	EACH	1083517 Medroxyproges Acet Inj 150mg/ml, Contraceptive Injection	52.35	5,235.00
1	EACH	Fuel Charge	2.49	2.49
		Account No _____	<u>Encumbrance</u>	
		8-1100-441-00-340-003-0-604	5,237.49	
			Freight	.00
			Total	5,237.49
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Buy board

Authorized By: _____



135 DURYEA ROAD
MELVILLE, NY 11747

Quote Confirmation

SHIP TO:

Hidalgo County Health Dpt
1304 S 25th Ave
Edinburg TX 785427205

Hidalgo County Health Dpt
1304 South 25th St
Attn: Accounts Payable
Edinburg, TX 78539-7205

BILL TO:

Hidalgo County Health Dpt
1304 South 25th St
Attn: Accounts Payable
Edinburg TX 785397205

ACCOUNT #	TOTAL AMOUNT
861859	5,235.00
ORDER NUMBER	ORDER DATE
61471100 SQ	08/22/08
PAGE #	
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Req # 140907

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION & STRENGTH	QTY ORD SHIPPED	SHIPPING DETAILS CUSTOMER P.O.S.	UNIT PRICE	EXTENSION
			FOR QUESTIONS CONCERNING THIS QUOTE CONTACT CHANTALE BERGEAU @ 800-851-0400 RXT 8790				
			*****PRICING VALID FOR 60 DAYS*****				
			WHEN PLACING YOUR ORDER PLEASE CALL YOUR SALES REP AT : 800-851-0400 FAX YOUR PURCHASE ORDER TO : 631-390-8173				
			PLEASE REFERENCE SALES QUOTE NUMBER ABOVE WHEN PLACING YOUR ORDER				
			QUOTE DOES NOT INCLUDE APPLICABLE SALES TAX				
			****THIS IS A SALES QUOTE ONLY**** ITEMS WILL NOT SHIP UNTIL ORDER IS PLACED.				
1	1083517	Ea	contract #294-08 Medroxyprog Acet Inj SDV 150mg/mL 1.000	100 100	BUYBOARD PRICE	52.35	5,235.00

ACCOUNT #	TOTAL AMOUNT
861859	5,235.00
ORDER NUMBER	ORDER DATE
61471100 SQ	08/22/08
PAGE #	
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