

**Legal Entity:****Wyeth Pharm d/ Wyeth Hold**

500 Arcola Road

Collegeville PA 19426

Purchase Order	8501159339 / 16
Order Date	21-JUL-2016
Version Number	0
Version Date	21-JUL-2016
Validity Dates	01-AUG-2016 To 31-DEC-2016

Vendor	Invoice Mail To	Ship To
SEQUENCE INC 2500 Gateway Centre Blvd, Suite 850 Morrisville NC 27560	PFIZER INC. GFSS - AMERICAS PO Box 34600 Bartlett TN 38184-0600	Pfizer, Inc (Sanford) 4300 Oak Park Sanford NC 27330

Vendor Number	546003	Deliver To
Ship Via	SEE PO DETAIL	Deliver To: Reneau, David Building: B116 Room No: 62023 Extn: 4097 Email: david.reneau@pfizer.com
Incoterms / Terms of Delivery	SV	
Payment Terms	Net 75 Days	
Currency	USD	

*****PROPOSAL #2016313 ESTIMATE #865*****

*****COI ON FILE*****

For invoice and payment inquiries please access Pfizer's new Accounts Payable Portal at ap.pfizer.com or email APCC@pfizer.com.

IF YOU ARE A SUPPLIER NOT ENROLLED IN PFIZER'S ASN OR TUNGSTEN NETWORK (OB10) E-INVOICING PROGRAMS – Please send Invoices v

ia email to apinvoices@pfizer.com – Emailed invoices should be attached one invoice per pdf attachment – Do not combine multiple invoices into one pdf attachment. Vendors can also mail invoices to the 'Invoice Mail To' address provided at the top of the PO.

NOTE - Invoices sent to other Pfizer addresses will DELAY payment. Invoices must contain the following information to be processed timely:

- The word 'Invoice' must be clearly stated on the document
 - The Description of Services and/or Goods matching the PO line items
 - PO Number
 - Amount owed
 - Name and address payment is to be sent to
- For Terms and Conditions see http://www.pfizer.com/b2b/suppliers/po_terms_and_conditions

Company Code: 16

NOTICE: PFIZER'S PURCHASE ORDER TERMS AND CONDITIONS ARE APPLICABLE TO THIS PURCHASE ORDER AND ARE INCORPORATED HEREIN BY REFERENCE.

SUCH TERMS AND CONDITIONS CAN BE REFERENCED ONLINE AT http://www.pfizer.com/b2b/suppliers/po_terms_and_conditions.jsp .IF YOU ARE U

NABLE TO ACCESS THE WEBSITE, PHONE THE PURCHASING CONTACT OR PREPARER AT THE NUMBER SHOWN.

ALL ORDERS MUST BE CONFIRMED TO AVOID PAYMENT DELAYS. CONFIRM ORDER TO ROMAN SHAPIRO AT 860-441-0291 OR FAX AT 860-715-7811. EMAIL:

ROMAN.SHAPIRO@PFIZER.COM. PO # MUST APPEAR ON THE PACKAGING AND SHIPPING SLIP.

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Line Item	Pfizer Item No	Description	Delivery Date	Quantity	UoM	Unit Price	Net Value
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Document Version Description

Line Item	Pfizer Item No	Description	Delivery Date	Quantity	UoM	Unit Price	Net Value
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00001

31-DEC-2016

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AU

Pricing Details

Gross Price

39,900.00 USD per 1 AU 39,900.00

Tax Amount

0.00

*** Description ***

Vendor to provide LIMS Configuration and Validation Support MCS (Existing Multiple Cartridge System) Reader at Pfizer, Sanford, NC

Estimate # 865

Proposal # 2016313 Rev. 1

Shipping Instruction:

SEE PO DETAIL

Total PO Value 39,900.00 USD

Tax Amount 0.00 USD

Total PO Value including Tax / VAT 39,900.00 USD

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USNAPTCProcurement

860-441-5100
(Telephone)NA
(Fax)

NAPTC_PO_Confirm@pfizer.com