

Terumo BCT, Inc. 10811 West Collins Avenue Lakewood CO 80215

Tel: 877-339-4228 Fax: 866-715-6768

Invoice

Ship-to Customer : 100017504

FMC - CHARLOTTE ACUTES #1328

Shelly M Bost Ship To Code: 1328 928 BAXTER ST CHARLOTTE NC 28204

USA

Sold-to Customer : 100053048 FRESENIUS MEDICAL CARE LA178-0010 (Centralized AP)

3850 N CAUSEWAY BLVD STE 300

METAIRIE LA 70002

USA

 Invoice #
 : 5110692973

 Customer Ref
 : 95241539

 Invoice Date
 : 04/08/2021

 Currency
 : USD

 Order No.
 : 2294184

 Delivery No.
 : 81388010

 Terms of Payment
 : Net 30 Days

 Customer PO No.
 : 3600994366

 Contact Person
 : SHELLY BOST

 Contact No.
 : (781) 699-4667

Total Including Tax & Freight : 10,743.23

Shipping Conditions : Ground Incoterms : EXW METAIRIE

Gross Weight: 66.600 KGDescription: Ex WorksWarehouse Code: US02Shipping Date: 04/08/2021

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT CUSTOMER SUPPORT AT 877-339-4228.

Material/Description	Quantity	Unit Price	Total Price
11221	10CS	25.20	252.00
SPECTRA OPTIA AC CONNECTIONS ADAPTE	ΞR		
Batch Number: 03E15214	Expiration Date: 03/01/2023		
EAN: 05020583112216			
12220		976.50	9,765.00
SPECTRA OPTIA EXCHANGE SET.EA	1000	970.50	3,703.00
Batch Number : 2103243130	Expiration Date: 03/01/2023		
EAN: 05020583122208			
Amount Before Tax			10,017.00

If you seek reimbursement from a governmental healthcare program, you must accurately report all costs in compliance with the program's requirements.

Federal Tax ID: 84-1155788 Florida Permit Number: 26:1348 Please Direct Inquiries To:

Sales Tax

Customer Support: (877) 339-4228 Credit Dept.: (877) 339-4228

Fax: (866) 715-6768 Fax: (303) 231-4103 Forwarder:
Terumo BCT, Inc.
C/O Acme Dist Centers, Inc.
18101 E. Colfax Avenue
Aurora, CO 80011

Please Remit Payments To: Terumo BCT

Department 7087 CAROL STREAM, IL 60122-7087 726.23

See Terms and Conditions at site: http://www.terumobct.com/location/north-america/Documents/Ordering-Information-Terms-Conditions.pdf





Material/Description	Quantity	Unit Price	Total Price
Fotal Amount Owed			10,743.23

If you seek reimbursement from a governmental healthcare program, you must accurately report all costs in compliance with the program's requirements.

Federal Tax ID: 84-1155788 Florida Permit Number: 26:1348 Please Direct Inquiries To: Customer Support: (877) 339-4228

```
<?xml version="1.0" encoding="UTF-8"?>
<!DOCTYPE cXML SYSTEM "http://xml.cxml.org/schemas/cXML/1.2.049/Private.dtd">
<cXML timestamp="2021-04-08T22:08:25-07:00" payloadID="1617944905450-7447609709977683948@10.162.97.164">
<Header>
<From>
<Credential domain="NetworkID">
<Identity>AN01485266309</Identity>
</Credential>
</From>
<To>
<Credential domain="NetworkID">
<Identity>AN0100000079</Identity>
</Credential>
</To>
<Sender>
<Credential domain="NetworkID">
<Identity>AN0100000001</Identity>
<SharedSecret>ariba-network</SharedSecret>
</Credential>
<UserAgent>ANDocumentOutDispatcher</UserAgent>
</Sender>
</Header>
<Request deploymentMode="production">
<ProviderDataRequest>
<SelectedService>PDFExtractionService</SelectedService>
<Extrinsic name="documentForTransformation">
<Attachment>
<URL>cid:5110692973.PDF</URL>
</Attachment>
</Extrinsic>
<Extrinsic name="buyerANID">AN01051802448</Extrinsic>
</ProviderDataRequest>
</Request>
</cXML>
```