

County General Fund
9100-715-793099C Transactions
As of 12/18/17

Vendor	Invoice No.	Date	Amount	Date Paid	Check	Description
ENV	365816	9/21/2017	925.00	9/25/2017	442978	Hood-Calibration
Malek	W82630	9/18/2017	1,850.00	9/25/2017	442879	Hood-Install Fees
VWR	8049832507	9/15/2017	757.15	9/26/2017	442970	Hood-Brace
VWR	8049742492	9/7/2017	8,049.06	9/19/2017	442594	Hood-Biocabinet
VWR	8049550175	8/18/2017	11,095.55	9/1/2017	442078	Autoclave-Sterilizer
VWR	8049340615	7/31/2017	3,189.47	8/11/2017	441484	Incubator
TOTAL:			\$25,866.23			



DATE

THIS AMOUNT 5

HEALTH
DISTRICT
CORPUS

COPY

NECES COUNTY PUBLIC
HEALTH DISTRICT LABORATORY
1702 HOKNE RD
CORPUS CHRISTI, TX 78416-1902

E-mail address changes to cmd_na@vwr.com

Unless governed by a separate written agreement, sales are subject to VWR standard terms and conditions. Visit www.vwr.com for complete details 1 of 1

Reference 1		Reference 2		Credit Card N/A				
ORDERED BY		DATE SHIPPED	WHS#	VIA	CURRENCY	CLAS #	TAX CODE	
Angela Flores 361-826 7216 NA		07/31/2017	8013	UPS Freight 4 Day	USD	15 098-2189	58 2445503	
LINE #	CUST LINE #	CATALOG NUMBER AND DESCRIPTION	ORDERED	SHIPPED	UOM	UNIT PRICE	EXTENSION	TAX
1		10753-894 VWR LOW TEMPERAT RE BOD INCUBATOR 20CF Packing Stp 83519086 D 2165 COD US US HTS 8419 19 0060 Merchandise Total	1	1	EA	3,189.47	3,189.47	0.00
							3,189.47	
S/N Tag # Tag # 0252								
Visit our web site at www.vwr.com			Questions? 1-800-932-5000		TAX	5 0.00		
					TOTAL	5 3,189.47		

PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT



BILL TO

RP HRS... CITY OF
HEALTH DEPT S HEATHER...
...E IARD S.
RP HRS... TX 78401 1120

INVOICE DATE	INVOICE #	PURCHASE ORDER #	ORDER DATE
07/31/2017	8048340615	41259	07/28/2017
CUSTOMER ACC #	SALES ORDER #	TERMS	
80088592	8351909650	30 days net	
PAYMENT DUE DATE	PLEASE PAY		
08/30/2017			

Declined Purchase 0.

REMIT TO

VWR INCORPORATED
P.O. BOX 640-69
PITTSBURGH PA 15264

Water Incubator 3,189.47
 Autoclave 11,095.55
 Hood 8,049.06 +
 Hood install 1,850.00 +
 Hood Calibration 925.00 +
 Hood Casing 757.15 +
 006

25,866.236+

0080493406153000031894700003189470

VWR
 PO Box 117
 Wayne, PA
 19087

Auto Leave
 Add: FY17 State Inventory 20253/County Under 3091 Dept
 PO# 41258
 Vendor # 112163
 Rec # 28532

ORIGINAL INVOICE

INVOICE DATE	INVOICE #	PURCHASE ORDER #	ORDER DATE
08/18/2017	8049550175	41258	07/28/2017
CUSTOMER ACC #	SALES ORDER #	TERMS	
80008592	8351910147	30 days net	
PAYMENT DUE DATE	09/17/2017	PLEASE PAY THIS AMOUNT	\$ 11,095.55

BILL TO:
 MDG2012 00001918 1 MB 423 1

CORPUS CHRISTI CITY OF
 HEALTH DEPT S HEATHERLEY
 1201 LEOPARD ST
 CORPUS CHRISTI TX 78401 2120

Angela Flores

SHIP TO:
 Ken Diercouff
 CORPUS CHRISTI TULLES COUNTY PUBLIC
 HEALTH DISTRICT LABORATORY
 1702 HORNE RD
 CORPUS CHRISTI TX 78416 1902

COPY

E-mail address changes to cmd_na@vwr.com

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Reference		Reference 2		Credit Card		N/A		
ORDERED BY		DATE SHIPPED	WHS#	VIA	CURRENCY	DUNS #	TAX CODE	
Angela Flores - 361-826-7218 NA		08/18/2017	8016	UPS Freight 5 Day DFS	USD	15 098-2189	56 2445503	
LINE #	CUST LINE #	CATALOG NUMBER AND DESCRIPTION	ORDERED	SHIPPED	U/M	UNIT PRICE	EXTENSION	TAX
1		58700 019 STERILIZER STEAM PRES LAB 60HZ Packing Slip: 8351910147 COO US US HTS 8419 20 0020 95 3441	1	1	EA	11,095.55	11,095.55	0.00
Merchandise Total							11,095.55	
Visit our web site at www.vwr.com		Questions? 1-800-932-5000			Tax		\$ 0.00	
						TOTAL		\$ 11,095.55

PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT



BILL TO
 CORPUS CHRISTI CITY OF
 HEALTH DEPT S HEATHERLEY
 1201 LEOPARD ST
 CORPUS CHRISTI TX 78401 2120

INVOICE DATE	INVOICE #	PURCHASE ORDER #	ORDER DATE
08/18/2017	8049550175	41258	07/28/2017
CUSTOMER ACC #	SALES ORDER #	TERMS	
80008592	8351910147	30 days net	
PAYMENT DUE DATE	09/17/2017	PLEASE PAY THIS AMOUNT	\$ 11,095.55

REMIT TO
 VWR INTERNATIONAL LLC
 P.O. BOX 640169
 PITTSBURGH PA 15264 0169

e-MAILED
 SEP 9 1200

0080495501753000110955500011095550

Angela F



PO Box 117
Wayne, PA
19087

PO# 41951
Vendor # 112163
Rec # 28815

BILL TO:

MDG2012 00002051 1 MB .423



CORPUS CHRISTI CITY OF
HEALTH DEPT S HEATHERLEY
1201 LEOPARD ST
CORPUS CHRISTI TX 78401-2120

Angela Stone

COPY

ORIGINAL INVOICE

Hood 4100-715-7930 AC

INVOICE DATE	INVOICE #	PURCHASE ORDER #	ORDER DATE
09/07/2017	8049742492	41951	09/08/2017
CUSTOMER ACC #	SALES ORDER #	TERMS	
80008592	8352150785	30 days net	
PAYMENT DUE DATE	10/07/2017	PLEASE PAY THIS AMOUNT	\$ 8,049.06

SHIP TO:

Rachel Fios, Laboratory
CORPUS CHRISTI NUECES COUNTY PUBLIC
HEALTH DISTRICT LABORATORY
1702 HORNE RD
CORPUS CHRISTI TX 78416-1902

E-mail address changes to cmd_na@vwr.com

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Reference 1:		Reference 2:		Credit Card : N/A					
ORDERED BY		DATE SHIPPED	WHSE	VIA	CURRENCY	DUNS #	TAX CODE		
Rachel Fios		09/07/2017	8031	ABF FREIGHT SYSTEM (LTL)	USD	15-098-2189	56-2445503		
LINE #	CUST LINE #	CATALOG NUMBER AND DESCRIPTION		ORDERED	SHIPPED	U/M	UNIT PRICE	EXTENSION	TAX
1		89413-130 BIOCABNT W/STND A2 115V8IN4FT Packing Slip: 8352150785 5126 COO: US US HTS: 8421.39.8015 ** THERE ARE NO FREIGHT CHARGES ASSOCIATED WITH THIS ORDER **		1	1	EA	8,049.06	8,049.06	0.00
		Merchandise Total S/N # 470441262G Tag # 0251						8,049.06	
Visit our web site at www.vwr.com				Questions? :				\$ 0.00	

Add to:

*Fy18
County Assets*

*Hood 8,049.06 +
Install Fees 1,850.00 +
Test-Install Hood 925.00 +
Casehold Brace 757.15 +
004
11,581.21 **

PLEASE DETACH THIS PORTION AT



BILL TO

CORPUS CHRISTI CITY OF
HEALTH DEPT S HEATHERLEY
1201 LEOPARD ST
CORPUS CHRISTI TX 78401-2120

REMIT TO

VWR INTERNATIONAL LLC
P.O. BOX 640169
PITTSBURGH PA 15264-0169

0080497424921000080490600008049060

paid
Sent 9/14/17



dba ENV Services Testing & Certification, Inc.
 2880 Bergey Road, Suite K, Hatfield, PA 19440-1764
 FEIN #23-3006268 1-800-345-6094
 DUNS 02-1240171

PLEASE REMIT TO:
 ENV SERVICES, INC.
 c/o Municipal Authority of South
 Heidelberg
 P.O. Box 37836
 BALTIMORE, MD 21297-7836

VO#207315
 Testing Calibration Invoice

Invoice No 365816 Page 1
 Invoice date 9/21/2017

WE ACCEPT
 VISA
 MASTERCARD
 AMERICAN EXPRESS

PO# 42031
 Vendor# 115508
Angela F

Bill To:
 CITY OF CORPUS CHRISTI
 P.O. BOX 9277
 ATTN: ACCOUNTING DIVISION
 CORPUS CHRISTI, TX 78469
 US

Ship To:
 CORPUS CHRISTI-MUECES COUNTY PUBLIC
 1702 HORNE ROAD
 CORPUS CHRISTI, TX 78416
 US

Order number	Sales order date	Account number	Loc	Work Date(s)	PD number	Job No	Ship via	PPD/CDL	Account manager
365816	9/21/2017	TX021D	W	09-20-17	42031		Best Way		628 Greg Lawson
Item No.	Description	Quantity ordered	Qty Shipped/Returned	Item price	UOM	Extended Total price	Discount %	Quantity on back order	
TX6B	Biological Cabinet Tested / SN: 170441262G	1.00	1.00	450.0000	EA	450.00			
TXTE	Travel Expenses	5.00	5.00	95.0000	EA	475.00			

Note: Clinical Hood Tested *on site* Fee after install

Comments:

Sales amount:	925.00
Miscellaneous amount:	0.00
Freight:	0.00
Sales tax:	0.00
Subtotal:	925.00
Amount Received:	0.00
Total amount due:	925.00

Payment terms: Net 30 Days

E-MAILED
 SEP 22 2017
 Angela F

MALEK INC.

PO BOX 679 • 2521 ANTELOPE • CORPUS CHRISTI, TEXAS 78403 • (361) 688-8281 • FAX (361) 688-7257

PO# 4210Z
Vendor# 5408
[Signature]

Install

Sold To:
City of Corpus Christi
Accounts Payable Div 4th Floor
P O Box 9277
Corpus Christi TX
78469-9277

INVOICE

Invoice Number: W82630
Invoice Date: Sep 18/17
Terms: Net 30
Customer Code: CI807
Reference:
Customer Order: 42102
Work Order #: 1702751
Work Order Type: Serv - Com
Job Location: Health
Called By: Rachel
Starting Date: Sep 14/17
Ending Date: Sep 18/17

Job Location:
Health
1702 Horne 2nd Floor
Corpus Christi TX
826-1984

Description	Qty	Price	Total
Work Performed Install Bio Safety Cabinet \$1850.00			
Lump Sum	1.00	1,850.00	1,850.00
Subtotal			1,850.00
Total Invoice			1,850.00

- CONDITIONS -
REMIT TO ADDRESS:
PO BOX 679, CORPUS CHRISTI TX 78403



PO Box 117
Wayne, PA
19087

PO# 41951
Rec# 29082

BILL TO:

Vendor# 112163
Ayler

CORPUS CHRISTI CITY OF
HEALTH DEPT S HEATHERLEY
1201 LEOPARD ST
CORPUS CHRISTI TX 78401-2120

Case
ORIGINAL INVOICE

INVOICE DATE	INVOICE #	PURCHASE ORDER #	ORDER DATE
09/15/2017	8049832507	41951	09/06/2017
CUSTOMER ACC #	SALES ORDER #	TERMS	
80008592	8352150785	30 days net	
PAYMENT DUE DATE	10/15/2017	PLEASE PAY THIS AMOUNT	\$ 757.15

SHIP TO:

Racheal Rios, Labratory
CORPUS CHRISTI NUECES COUNTY PUBLIC
HEALTH DISTRICT LABORATORY
1702 HORNE RD
CORPUS CHRISTI TX 78416-1902

E-mail address changes to cmd_na@vwr.com

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Reference 1:		Reference 2:				Credit Card: N/A			
ORDERED BY		DATE SHIPPED	WHSZ	VIA	CURRENCY	DUNS #	TAX CODE		
Rachel Rios -		09/15/2017	8018	Fedex 5 Day Ground	USD	15-098-2189	56-2445503		
LINE #	CUST LINE #	CATALOG NUMBER AND DESCRIPTION		ORDERED	SHIPPED	U/M	UNIT PRICE	EXTENSION	TAX
1		89422-832 VENTUS CANOPY KIT - 4FT LOGIC+ Packing Slip: 8352150785 COO: US 3889201		1	1	EA	757.15	757.15	0.00
		Merchandise Total						767.16	
Visit our web site at www.vwr.com				Questions? 1-800-932-5000			Tax	\$ 0.00	
							TOTAL	\$ 757.15	

PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT



BILL TO

CORPUS CHRISTI CITY OF
HEALTH DEPT S HEATHERLEY
1201 LEOPARD ST
CORPUS CHRISTI TX 78401-2120

INVOICE DATE	INVOICE #	PURCHASE ORDER #	ORDER DATE
09/15/2017	8049832507	41951	09/06/2017
CUSTOMER ACC #	SALES ORDER #	TERMS	
80008592	8352150785	30 days net	
PAYMENT DUE DATE	10/15/2017	PLEASE PAY THIS AMOUNT	\$ 757.15

REMIT TO

VWR INTERNATIONAL LLC
P.O. BOX 640169
PITTSBURGH PA 15264-0169

0080498325077000007571500000757150