



F-Y09

STATE OF MISSOURI

ORDER FROM PRICE AGREEMENT C104357001

RECEIVING REPORT

COMPLETE INCOMPLETE

ORDER NUMBER PG 931 YYY92200520	MODIFICATION NUMBER	LINKING ON <input checked="" type="checkbox"/>	AGENCY/ORGANIZATION 931/3992	ORDER DATE 03-17-2009
REQUISITION NUMBER	VENDOR CODE 7202666450-0	PAGE 01		
CONTACT PERSON'S NAME AND PHONE NUMBER PRITCHETT 5733584412	TERMS	DELIVERY DATE 04-17-2009	F.O.B. DESTINATION	
MORRIS & DICKSON CO LLC 410 KAY LANE PO BOX 51367 SHREVEPORT LA 71135 SUZIE, ACCT #21727		SHIP TO: (ORDER NUMBER MUST APPEAR ON SHIPPING DOCUMENTS) Mo Department of Corrections Eastern Recep & Diag Corr Ctr 2727 Hwy K Bonne Terre MO 63628		
SOLICITATION NUMBER		BILL TO: (SEND ORIGINAL AND THREE COPIES) ORDER NUMBER MUST APPEAR ON ALL COPIES Mo Department of Corrections Eastern Recep & Diag Corr Ctr PO Box 236 Jafferson City MO 65102		
THIS ORDER IS SUBJECT TO THE TERMS AND CONDITIONS OF THE REFERENCED SOLICITATION DOCUMENT AS WELL AS THOSE ATTACHED HERETO.				

RECEIVED
MAR 18 2009
PURCHASING

COMMODITY CODE AND DESCRIPTION	ORD LINE	QUANTITY ORDERED	UNIT	UNIT PRICE	AMOUNT
C/S CODE: 26999 PRICE AGREEMENT LINE NUM: 001 DRUGS AND PHARMACEUTICALS, MISCELLANEOUS 666149 PENTOTHAL COMBO PACK, 1 GRAM, 50 ML VIAL. 25/CASE, NDC 00409-643102 NO FREIGHT PER CONTRACT C104357001 *** DO NOT SEND VENDOR COPY *** ERDCC/BUS.OFFICE/HASON 9860.2283.Y603.3120	001	1	CASE	585.640000	585.64
MAILED Barb 3/27/09 (Barb, please use credit of \$13.91, dated 11/2/08)					

RECEIVED
MAR 24 2009
ERDCC
BUSINESS OFFICE

***** FINAL PAGE *****

TOTAL 585.64

COMMISSIONER OF ADMINISTRATION CERTIFICATION
 I CERTIFY THAT THE OBLIGATION REPRESENTED HEREON HAS BEEN CHARGED AGAINST THE UNENCUMBERED BALANCE OF THE APPROPRIATION AND THE EXPENDITURE AUTHORIZED IS WITHIN THE PURPOSE OF THE APPROPRIATION.

AUTHORIZED SIGNATURE(S)
 Barbey Mason Acct 3/26/09

COMMISSIONER OF ADMINISTRATION SIGNATURE
 Kelvin L. Gimmard



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
DEPARTMENTAL REQUEST FOR PURCHASE

PURCHASE ORDER NO. 92200520	REQUISITION NO.	DATE 03/12/2009
		PAGE 1 OF 1

CHECK THE APPROPRIATE BOX:

<input type="checkbox"/> DEPARTMENTAL PURCHASE (\$0.01 - \$2,999.99)	ARO _____	FOB _____
<input type="checkbox"/> NON-CONTRACT PURCHASE OVER \$20,000.00		OFFENDER CANTEEN PURCHASE
<input type="checkbox"/> LOCAL PURCHASE (\$3,000.00 - \$19,999.99)		MVE PURCHASE ANY (\$) AMOUNT
<input checked="" type="checkbox"/> CONTRACT PURCHASE ANY (\$) AMOUNT	CONTRACT NUMBER: C104357001	

<input checked="" type="checkbox"/> VENDOR NAME Morris & Dickson Co. LLC	VENDOR/FID NO. 72026664500
ADDRESS 410 Kay Lane, PO Box 51367, Shreveport, LA 71135	PHONE NO. 800-388-3833
PERSON CONTACTED Acct. #21727	TOTAL \$ 585.64
	MINORITY <input type="checkbox"/> YES <input type="checkbox"/> NO

<input type="checkbox"/> VENDOR NAME Suzie 3/17/09 Renta	VENDOR/FID NO.
ADDRESS see of 490 CC	PHONE NO.
PERSON CONTACTED RM 3/17/09	TOTAL \$
	MINORITY <input type="checkbox"/> YES <input type="checkbox"/> NO

<input type="checkbox"/> VENDOR NAME Confidential 80652	VENDOR/FID NO.
ADDRESS Confidential 80652	PHONE NO.
PERSON CONTACTED	TOTAL \$
	MINORITY <input type="checkbox"/> YES <input type="checkbox"/> NO

REASON FOR PURCHASE **Pharmaceutical Supplies for Institutional Use**
HIP TO ADDRESS **ERDCC, 2727 Hwy K, Bonne Terre, MO 63628**

SHIP TO CODE:

ITEM NO.	DESCRIPTION OF ITEMS/SERVICES	QUANTITY ORDERED	UNIT	UNIT PRICE	EXTENDED COST
1	666149 Pentothal Combo Pack, 1Gram, 50 mL vial 25/case, NDC 00409-643102 Rec'd 3/12/09 1 case @ 259.00 AM * Do not send vendor copy * (will order on a Tuesday)	1	case	\$ 585.64	\$ 585.64

ORDER TOTAL \$ 585.64

APPROVAL SIGNATURE	DATE	APPROVAL SIGNATURE	DATE
<i>Business Office</i>	3/12/09	<i>[Signature]</i>	03-12-09
REQUESTED BY		ASSOC. SUPT.	
<i>Berby Mason</i>	3/12/09	<i>[Signature]</i>	3/12/09
SECTION HEAD	ID NO.	BUSINESS OFFICE	
		<i>[Signature]</i>	3-12-09

FUND	BUSINESS OFFICE/C.O. SECTION USE ONLY						
	ITEM NO.	QUANTITY OR %	FUND	ORG	ACTIVITY	OBJECT CODE	AMOUNT
<input type="checkbox"/> GENERAL REVENUE							
<input type="checkbox"/> OFFENDER REVOLVING							
<input type="checkbox"/> OFFENDER CANTEEN	9860		0101	3120		2283	
<input type="checkbox"/> OTHER							
<input type="checkbox"/> FEDERAL GRANT:							

Morris & Dickson Co., L.P.C.

10301 Hwy 1 South, Shreveport, LA 71115 Ph. 318-797-7900
 P.O. Box 51367 Shreveport, LA 71135-1367 Ph. 318-797-7900

S H I P T O
 E RECEPTION DIAG CORR CNTR
 2727 HWY K
 BONNE TERRE, MO 63628
 (573) 358-4412

B I L L T O
 E RECEPTION DIAG CORR CNTR
 2727 HWY K
 BONNE TERRE, MO 63628

ACK # 80652

CUST NO. 21727	DEA REG. NO. BE6051700	INVOICE NO. 8934123
ORD. TYPE 3	P.O. NUMBER 92200520	DATE 3/17/09
SHIP VIA 219 M & D	DEPT. NUMBER	PAGE 1

DEA No. RM0314790

ITEM	QTY	UNIT	DESCRIPTION	MFG	NDC/UPC	PER C/S	RETAIL	LIST	PROMO	COST	G.P. %	EXTENSION
666149	1	CS	PENTOTHAL. COMBO PAK 1GM 50ML/25	HOS	409-6431-02 *	4		743.130		585.64		585.64
341537			1 mg 10/ml 25 Pancreosin Bromide		60487-4646-01					40.64		

Pay by	4/16/09 and Deduct	TOTAL	585.64
		TAX	00
		NET AMOUNT	585.64
GROSS TOTAL	616.46		
Pay by	4/16/09 and Deduct		
		30.82	

* C.L.S. = Drug Class
 2 = Prescriptions
 4 = Schedule 4-5
 5 = LA Only
 6 = Schedule 3
 8 = Schedule 2

1 1/2% SERVICE CHARGE (18% PER ANNUM) ON PAST DUE ACCOUNTS

219

1

B2A

Morris & Dickson Co. S.L.C.

10301 Hwy 1 South, Shreveport, LA 71115 Ph. 318-797-7900
 P.O. Box 51367 Shreveport, LA 71135-1367 Ph. 318-797-7900

SHIP TO
 E RECEPTION DIAG CORR CNTR
 2727 HWY K
 BONNE TERRE, MO 63628
 (573) 358-4412

REMIT TO:
 B I L L T O
 E RECEPTION DIAG CORR CNTR
 2727 HWY K
 BONNE TERRE, MO 63628
 ACK # 80652

CUST. NO. 21727
 ORD. TYPE 3
 SHIP VIA 219 M & D

DEA REG. NO. BE6051700
 P.O. NUMBER 92200520
 DEPT. NUMBER

INVOICE 8934123
 DATE 3/17/09
 PAGE B2.

DEA No. RM0314790

ITEM	QTY	UNIT	DESCRIPTION	MFG	NDC / UPC	PC	RETAIL	LIST	PRORIO %	COST	G.P. %	EXTENSION
666149	1	CS	PENTOTHAL COMBO PAK 1GM 50ML25	HOS	409-6431-02	*		743.130		585.642		585.64

<p>*PC - Price Change</p> <p>*CLS - Drug Class 2 = prescriptions 4 = Schedule 4-5 5 = LA Only 6 = Schedule 3 8 = Schedule 2</p> <p>*C - Contract Item V = Prime Vendor D = DSHIP P = PHS</p>	<p>Pay by 4/16/09 and Deduct</p> <p>30.82</p>	<p>TOTAL 585.64</p> <p>TAX .00</p> <p>NET AMOUNT 585.64</p>
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GROSS TOTAL 616.46

1 1/2% SERVICE CHARGE (18% PER ANNUM) ON PAST DUE ACCOUNTS

Morris & Dickson Co. & S.L.C.
 SINCE 1841
 10301 Hwy 1 South, Shreveport, LA 71115 Ph. 318-797-7900
 P.O. Box 51367 Shreveport, LA 71135-1367 Ph. 318-797-7900

REMIT TO:
 S E RECEPTION DIAG CORR CNTR
 H 2727 HWY K
 I BONNE TERRE, MO 63628
 P (573) 358-4412
 T
 O

B I L L T O
 E RECEPTION DIAG CORR CNTR
 2727 HWY K
 BONNE TERRE, MO 63628
 ACK # 80652

CUST. NO. 21727
ORD. TYPE 3
SHIP VIA M & D

DEA REG. NO. BE6051700
P.O. NUMBER 92200520
DEPT. NUMBER

INVOICE 8934123
DATE 3/17/09
PAGE 2

DEA No. RM0314790

ITEM	QTY	UNIT	DESCRIPTION	IMFG	NDC / UPC	PC ¹ L ² S ³	RETAIL	LIST	PROMO %	COST	G.P. %	EXTENSION
666149	CS		PENTOTHAL COMBO PAK 1GM 50ML25		409-6431-02	7 4	1	1		C90K2		
			---Controlled Items---									
			***** * Please report any error by calling Customer Service. * *****									
			Tax									
			List									
			Net									
			585.64									
			CTC									
			00									
			TOTAL									
			585.64									
			21.2%									

* PC - Price Change Promo % - Mfg Promotion Disc. C - Contract Item G - Group I - Individual M = M&D	* CLS = Drug Class 2 = prescribers 4 = Schedule 4-5 5 = LA Only 6 = Schedule 3 8 = Schedule 2	GROSS TOTAL 1 1/2% SERVICE CHARGE (18% PER ANNUM) ON PAST DUE ACCOUNTS	TOTAL TAX
			NET AMOUNT

Pay by and Deduct