



**ONESOURCE LABORATORY  
SERVICES**

**PerkinElmer®**

*For the Better*

PerkinElmer Health Sciences, Inc.  
710 Bridgeport Avenue  
SHELTON CT 06484-4794  
USA

TEL: (800) 762-4000 FAX: (203) 944-4983

**Quotation Number**  
40564238

**Quotation Date**  
12/02/2015

**Your Prior Agreement**  
15259489

**Quote Expiration Date**  
03/16/2016

**Customer Contact**

**Your Prior PO Number**

**Telephone Number**  
614-645-1735

**Fax Number**

## QUOTATION - Mixed Plans

**Site Address:**

MCWHIRTER, STACI  
CITY OF COLUMBUS  
1250 FAIRWOOD AVE  
COLUMBUS OH 43206  
USA

**Invoicing Address (if different)**

CITY OF COLUMBUS  
910 DUBLIN RD  
COLUMBUS OH 43215  
USA

**Site Number**  
100641982

**Customer Number**  
4008013

<b>Payment Terms</b>		<b>Coverage Period</b>		<b>Billing Plan</b>	<b>Page Number</b>
Net 30 days		04/01/2016 to 03/31/2017		Yearly	1 of 4
Line	Quantity	Model	Description	List Price	Net Price
40	1	AANALYST800	AA INSTRUMENT 04/01/2016 to 03/31/2017 Serial Number (8161) Comprehensive Coverage 2 PM visits; Parts, Travel, Labor, Phone Support & 15% Training Disc.	11,736.00	11,736.00
220	1	S10AUTOSAMPLER	S10AUTOSAMPLER 04/01/2016 to 03/31/2017 Serial Number (102S8125304) Basic Coverage 1 PM visit; Parts, Travel, Labor, Phone Support & 5% Training Disc.	2,352.00	2,352.00
230	1	POLYSCIRECIRCULATOR	POLYSCIENCE RECIRCULATOR 04/01/2016 to 03/31/2017 Serial Number (108900976) Basic Coverage 1 PM visit; Parts, Travel, Labor, Phone Support & 5% Training Disc.	480.00	480.00
240	1	ELAN9000	ELAN9000 ** 04/01/2016 to 03/31/2017 Serial Number (AJ12620811) Basic Coverage 1 PM visit; Parts, Travel, Labor, Phone Support & 5% Training Disc.	20,148.00	20,148.00
250	1	GCN6480012	CLARUS SQ8T MS 120/230V (EI) 10/13/2014 to 11/12/2015 Serial Number (648N4100202) Basic Coverage 1 PM visit; Parts, Travel, Labor, Phone Support & 5% Training Disc.	7,812.00	7,812.00
260	1	GCN6480012	CLARUS SQ8T MS 120/230V (EI) 10/13/2014 to 11/12/2015 Serial Number (648N4092601) Basic Coverage 1 PM visit; Parts, Travel, Labor, Phone Support & 5% Training Disc.	7,812.00	7,812.00
270	1	GCN6659680	CLARUS680 10/07/2014 to 11/06/2015 Serial Number (680S14091201) Basic Coverage 1 PM visit; Parts, Travel, Labor, Phone Support & 5% Training Disc.	3,636.00	3,636.00



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Net 30 days		04/01/2016 to 03/31/2017		Yearly		2 of 4	
Line	Quantity	Model	Description	List Price	Net Price		
280	1	GCN6659680	CLARUS680 10/07/2014 to 11/06/2015 Serial Number (680S14091202) Basic Coverage 1 PM visit; Parts, Travel, Labor, Phone Support & 5% Training Disc.	2,988.00	2,988.00		
290	1	CONSUMABLES	CONSUMABLES 04/01/2016 to 03/31/2017 Miscellaneous Charge	10,000.00	10,000.00		
					<b>Gross Price</b>	66,964.00	
					<b>Net Price</b>	66,964.00	
Note: taxes will be applied to your invoice if applicable							



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04/01/2016 to 03/31/2017

**Billing Plan**  
Yearly

**Page Number**  
3 of 4

### Billing Plan

Planned Invoice date(s)	Invoice Amount(\$)
04/01/2016	66,964.00
<b>Total billed</b>	<b>66,964.00</b>

Customers can also elect to pay either monthly, quarterly, or semi-annually over the entire coverage period, however an administrative surcharge will be applied to each invoice.

### PerkinElmer Contact information

**Quoted by:** SARAH ENOS  
**Telephone:** 615-523-5403  
**Fax Number:** 203-944-4983  
**Email:** sarah.enos@perkinelmer.com  
**Zone:** Zone 1  
**Region:** Midwest South Svcx  
**Location:** USOH04



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Net 30 days

Coverage Period
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Billing Plan
Yearly

Page Number
4 of 4

Additional Notes:

- 1. This quotation is subject to the terms and conditions attached and is valid until the expiration date shown above.
2. Customer is responsible for applicable taxes, including sale, use and/or excise tax unless otherwise noted above.
3. If Preventative Maintenance is covered under your agreement, please indicate any special date requirements below.

PM#1 \_\_\_\_\_ PM#2 \_\_\_\_\_

If any information presented on the document is incorrect e.g Billing address, serial numbers, please indicate the required changes below:

PLEASE SIGN THIS MAINTENANCE AGREEMENT QUOTATION AND RETURN ORIGINAL COPY ALONG WITH YOUR PURCHASE ORDER TO:

By Mail:
PerkinElmer Health Sciences, Inc.
710 Bridgeport Avenue
Mail Stop 75
Shelton, CT 06484-4794

By Fax: 203-944-4983
OR
By E-mail: sarah.enos@perkinelmer.com

YOUR SIGNATURE BELOW CONFIRMS THAT YOU HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND THAT THE INFORMATION INCLUDED THEREIN IS CORRECT TO THE BEST OF YOUR KNOWLEDGE.

IN ORDER TO AVOID A LAPSE IN SERVICE COVERAGE, PLEASE FORWARD A PURCHASE ORDER PRIOR TO THE EFFECTIVE START DATE OF THE CONTRACT.

Accepted By:

Signature of Authorized Individual \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title \_\_\_\_\_ Date \_\_\_\_\_

Customer Purchase Order Number \_\_\_\_\_ Date \_\_\_\_\_

PerkinElmer Representative \_\_\_\_\_ Date \_\_\_\_\_