



**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
40487928

Quotation Date
12/07/2012

Your Prior Agreement
35335221

Quote Expiration Date
03/07/2013

Customer Contact

Your Prior PO Number
EL012646

Telephone Number
614-645-1735

Fax Number

QUOTATION - MIXED PLAN TYPES / SEE BELOW

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

Payment Terms	Coverage Period	Billing Plan	Page Number		
Net 30 Days	04/01/2013 to 03/31/2014	Yearly	1 of 5		
Line	Quantity	Model	Description	List Price	Net Price
40	1	AANALYST800	AA INSTRUMENT 04/01/2013 to 03/31/2014 Serial Number (8161) Comprehensive Coverage 2 PM visits; Parts, Travel, Labor, Phone Support & 15% Training Disc.	9,516.00	9,516.00
60	1	AUTOSYSTEMXL	GAS CHROMATOGRAPH 04/01/2013 to 03/31/2014 Serial Number (610N0012501) Basic Coverage 1 PM visit; Parts, Travel, Labor, Phone Support & 5% Training Disc.	3,864.00	3,864.00
70	1	INTEGRALLINK	INTEGRAL LINK 04/01/2013 to 03/31/2014 Serial Number (640E002032A) Repair Coverage Plan (Parts, Labor, Travel & Phone Support)	264.00	264.00
80	1	TURBOMASSGOLD	TURBOMASSGOLD SPECTROMETER 04/01/2013 to 03/31/2014 Serial Number (640E002032) Basic Coverage 1 PM visit; Parts, Travel, Labor, Phone Support & 5% Training Disc.	9,840.00	9,840.00
90	1	AUTOSYSTEMXLM	GAS CHROMATOGRAPH 04/01/2013 to 03/31/2014 Serial Number (610N0082307) Basic Coverage 1 PM visit; Parts, Travel, Labor, Phone Support & 5% Training Disc.	3,084.00	3,084.00
100	1	INTEGRALLINK	INTEGRAL LINK 04/01/2013 to 03/31/2014 Serial Number (640E911271A) Repair Coverage Plan (Parts, Labor, Travel & Phone Support)	264.00	264.00
110	1	TURBOMASSGOLD	TURBOMASSGOLD SPECTROMETER 04/01/2013 to 03/31/2014 Serial Number (640E911271) Basic Coverage 1 PM visit; Parts, Travel, Labor, Phone Support & 5% Training Disc.	9,840.00	9,840.00



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Net 30 Days	04/01/2013 to 03/31/2014	Yearly	2 of 5

Line	Quantity	Model	Description	List Price	Net Price
120	1	S10AUTOSAMPLER	S10AUTOSAMPLER 04/01/2013 to 03/31/2014 Serial Number (102S8125304) Basic Coverage 1 PM visit; Parts, Travel, Labor, Phone Support & 5% Training Disc.	2,112.00	2,112.00
130	1	POLYSCIRECIRULATOR	POLYSCIENCE RECIRCULATOR 04/01/2013 to 03/31/2014 Serial Number (108900976) Basic Coverage 1 PM visit; Parts, Travel, Labor, Phone Support & 5% Training Disc.	408.00	408.00
140	1	ELAN9000	ELAN9000 ** 04/01/2013 to 03/31/2014 Serial Number (AJ12620811) Basic Coverage 1 PM visit; Parts, Travel, Labor, Phone Support & 5% Training Disc.	17,256.00	17,256.00
150	1	CONSUMABLES	CONSUMABLES CONTRACT (10%) 04/01/2013 to 03/31/2014 Includes AA, GC, ICP, IR, LC, MAS, RAM TEA, UVS Product Lines	9,996.00	9,996.00



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Net 30 Days	04/01/2013 to 03/31/2014	Yearly	3 of 5

Line	Quantity	Model	Description	List Price	Net Price
			Gross Price		66,444.00
			Net Price		66,444.00
Note: taxes will be applied to your invoice if applicable					



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Billing Plan
Yearly

Page Number
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Billing Plan

Planned Invoice date(s)	Invoice Amount(\$)
04/01/2013	66,444.00
Total billed	66,444.00

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: Lisa A. Byrne
Telephone: 203-402-7151
Fax Number: 203-944-4983
Email: lisa.byrne@perkinelmer.com
Zone: Zone 1
Region: Midwest South Svcx
Location: USOH04



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Net 30 Days

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Billing Plan
Yearly

Page Number
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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: lisa.byrne@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