Order Date

VENDOR

THE TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER

04/04/2017 Page

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200 Technology Way, Suite 2079, College Station, Texas 77845-3424; Phone 979-436-9219, FAX 979-436-0074

Include PO number on all Correspondence and packages

P700084

VENDOR GUARANTEES
MERCHANDISE DELIVERED ON
THIS ORDER WILL MEET OR
EXCEED SPECIFICATIONS IN THE
BID INVITATION.

VENDOR

*******3630 LEICA MICROSYSTEMS INC 1700 LEIDER LN 800-248-0123 PH 847-236-3009 FX BUFFALO GROVE, IL 60089 ALL TERMS AND CONDITIONS SET FORTH IN THE BID INVITATION BECOME A PART OF THIS ORDER.

INVOICE (IN DUPLICATE) TO AGENCY BELOW

TEXAS A&M HEALTH SCIENCE CTR DEPT OF NEUROSCIENCE AND EXPERIMENTAL THERAPEUTICS MEDICAL RESEARCH EDU BLDG 8447 STATE HIGHWAY 47 STE 1005 BRYAN TX 77807-3260

SHIP TO:

TEXAS A&M HEALTH SCIENCE CTR DEPT OF NEUROSCIENCE AND EXPERIMENTAL THERAPEUTICS MEDICAL RESEARCH EDU BLDG 8447 STATE HIGHWAY 47 STE 1005 BRYAN TX 77807-3260

ANY EXCEPTION TO PRICING OR DESCRIPTION CONTAINED HEREIN MUST BE APPROVED BY HUB & PROCUREMENT SERVICES <u>PRIOR</u> TO SHIPPING.

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PLEASE NOTE: IF YOUR INVOICE IS NOT ADDRESSED AS INSTRUCTED PAYMENT WILL BE DELAYED.

| Item | Description | Quantity | UOM | Unit Price | Ext Price |
|------|---|----------|-----|------------|-----------|
| | USER REF: 244050-217114 | | | | |
| | PAYMENT TERMS: NET 30 THE TEXAS A&M HEALTH SCIENCE CENTER WILL INCUR NO LATE PAYMENT PENALTY IF PAYMENT IS MADE WITHIN THIRTY (30) DAYS FROM RECEIPT OF GOODS OR SERVICES AND AN UNCONTESTED INVOICE. | | | | |
| | BY ACCEPTANCE OF THIS PURCHASE ORDER, VENDOR AGREES TO ALL TEXAS A&M UNIVERSITY TERMS AND CONDITIONS LOCATED AT THE FOLLOWING URL: PURCHASING.TAMU.EDU/MEDIA/123743/BIDTAMU.PDF | | | | |
| | IN THE EVENT OF A CONFLICT BETWEEN THE PARTIES' TERMS AND CONDITIONS, VENDOR SPECIFICALLY AGREES TO BE BOUND BY THE LAWS OF THE STATE OF TEXAS. | | | | |
| | REF: QUOTE # S.3Z0419B | | | | |
| 1 | Leica SM2010 RUEL Sliding Microtome (Quote: S.3Z0419A) includes the following: | 1 | SYS | 16,840.310 | 16,840.31 |
| | SM2010 RUEL, Config.1 \$ 16,118.00 Dry Ice Tray w/adapter 559.10 Estimated Frt Chg 163.21 | | | | |
| | | | | TOTAL | 16,840.31 |
| | VENDOR QUOTE: S.3Z0419B VENDOR REF: DEBRA ELLIS PHONE: 800-248-0123 | | | | |
| SAK | | | | | |

FOB: DESTINATION FRT INCLUDED

The Texas A&M University System Health Science Center cannot accept collect freight shipments.

Terms:

FAILURE TO DELIVER-If the vendor fails to deliver these supplies by the promised delivery date or a reasonable time thereafter, without giving acceptable reasons for delay, or if supplies are rejected for failure to meet specifications, the State reserves the right to purchase specified supplies elsewhere, and charge the increase in price and cost of handling, if any, to the vendor. Neither substitutions nor cancellations permitted without prior approval.

THIS ORDER IS NOT VALID UNLESS SIGNED BY THE PURCHASING AGENT.

IN ACCORDANCE WITH YOUR BID, SUPPLIES/EQUIPMENT MUST BE PLACED IN THE DEPARTMENT RECEIVING ROOM BY

The State of Texas is exempt from all Federal Excise Taxes

STATE AND CITY SALES TAX EXEMPTIONS CERTIFICATE: The undersigned claims an exemption from taxes under Texas Tax Code, Section 151.309(4), for purchase of tangible personal property described in this numbered order, purchased from contractor and/or shipper listed above, as this property is being secured for the exclusive use of the State of Texas. The Terms and Conditions of the State of Texas shall prevail.

PURCHASING AGENT FOR

THE TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER