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Sales Tax Exemption

The Texas A&M Health Science Center is exempt from state and municipal sales taxes under Chapter 20 Title 122A, revised Civil Statutes of Texas, for all purchases made for the exclusive use of the Texas A&M Health Science Center.

| | Purchase Order | | | | | | |
|---------------------|------------------|--------------|--|--|--|--|--|
| Purchase Order Date | PO/Reference No. | Revision No. | | | | | |
| Oct 18, 2018 | AB0401981 | original | | | | | |

Contact instructions for questions regarding this Purchase Order:

If Buyer Contact information is listed below, please contact the Buyer.

If not, please contact the Customer.

Buyer Contact:

| Buyer | Buyer Email | Buyer Phone Number | | | |
|--------------------------|------------------|--------------------|--|--|--|
| sak - King, Susan | sa-king@tamu.edu | 979.845.3888 | | | |
| Customer Contact: | | | | | |
| Name: | Brenda Brown | | | | |
| Email: | BRBROWN@MEDIC | DICINE.TAMHSC.EDU | | | |
| Phone: | +1 254-724-4269 | | | | |

Order acceptance instructions:

Vendor guarantees that the products delivered or the services performed as a result of this Purchase Order will meet or exceed all specifications herein. Any exceptions to the pricing or the description contained herein must be approved by Texas A&M's Department of Procurement Services prior to shipping or performance. This Purchase Order is governed by the laws of the State of Texas and Texas A&M's Terms & Conditions, which are available online: http://purchasing.tamu.edu/suppliers/bids-catalogue-tc-form/

| Supplier Information | | Delivery Information | | |
|--------------------------|-----------------------------------|----------------------------|---|--|
| Supplier Name | KELSEY SEYBOLD MEDICAL GROUP PLLC | Delivery Address | | |
| Address | DBA KELSEY SEYBOLD CLINIC | TAMUS Member: | 23-Texas A&M Health Science Center (23) | |
| | 11511 SHADOW CREEK PKWY | Attn: | Brenda Brown | |
| | PEARLAND, TX 775847298 US | Office of Business Affairs | | |
| FOB / FREIGHT | Destination | Room | 417 | |
| Pre-Pay & Add | No | 2401 S 31st St. | | |
| Payment Terms | 0, Net 30 | Temple, TX 76508 | | |
| Contract Number - Header | 18-44785655 | United States | | |
| Contract Number - Line | no value | Delivery Information | | |
| Quote number | | Required Delivery Date | | |
| Quote number | | Ship Via | Best Carrier-Best Way | |

Notes to Supplier

PO Clauses

Header 001 No Collect Freight Neither COD nor "Collect" freight or handling charges will be accepted.

Charges Accepted

| Product Description | Catalog No. | Size / Packaging | Unit Price | Quantity | Ext. Price |
|--|--|--|--|---|--|
| This amount is only an estimate FY19 - Services delivered in accordance with contract 18-44785655. Period 09/01/2018 - 08/31/2019. | 18-4478655 | UN | 80,000.00 USD | 1 UN | 80,000.00 USD |
| FY19 - Services delivered in accordance with contract 18-44785655. | 18-4478655 | YR | 65,000.00 USD | 1 YR | 65,000.00 USD |
| | This amount is only an estimate FY19 - Services delivered in accordance with contract 18-44785655. Period 09/01/2018 - 08/31/2019. | This amount is only an estimate FY19 - Services delivered in accordance with contract 18-44785655. Period 09/01/2018 - 08/31/2019. | Product Description Catalog No. Packaging This amount is only an estimate FY19 - Services delivered in accordance with contract 18-44785655. Period 09/01/2018 - 08/31/2019. | Product Description Catalog No. Packaging Unit Price This amount is only an estimate FY19 - Services delivered in accordance with contract 18-44785655. Period 09/01/2018 - 08/31/2019. | Product Description Catalog No. Packaging Unit Price Quantity This amount is only an estimate FY19 - Services delivered in accordance with contract 18-44785655. Period 09/01/2018 - 08/31/2019. |

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Total **145,000.00 USD**

Billing Information

To assure timely payment please e-mail invoices to the email provided in the bill to address. If the invoice is sent via email, please do not send a duplicate copy through the mail. Only if email is not an option then submit invoices to the billing address indicated in the "Billing Address" section. To inquire about electronic invoicing via cXML, CSV or PO flip through the supplier portal, e-mail abvendorhelp@tamu.edu.

Invoice must include the PO/Reference number shown above.

Billing Address

Texas A&M Health Science Center-Accounts Payable

Do Not Mail Invoices

Email invoices to invoices@tamu.edu

750 Agronomy Road - Suite 3101

6000 TAMU

College Station, TX 77845

United States