

DATE 5/14/2020

CITY OF GREENSBORO PURCHASE REQUISITION

Water Resources/Supply

REQUESTING DEPT./DIV.

PRIMARY \ ACCOUNT NUMBER		DELIVER TO	VENDOR NO.	INIT	TAX=	TERM=	PRNT=	ADV=	BID=	INV=	PO=
501.7025.01.6059											
								APPROPRIATION \$			
								ACCOUNT BALANCE \$			
<div> <div>PerkinElmer Health Sciences, Inc.</div> <div>COMPANY NAME</div> <div>710 Bridgeport Ave.</div> <div>STREET ADDRESS</div> </div>								<div> <div>1-800-762-4000</div> <div>PHONE NUMBER</div> <div>203-944-4914</div> <div>FAX NUMBER</div> </div>		<div> <div>ACCOUNT BALANCE INSUF.</div> <div>ACCOUNT NUMBER INVALID</div> <div>PRODUCT CODE INVALID</div> <div>DELIVER TO INVALID</div> </div>	

ORDER FROM	PerkinElmer Health Sciences, Inc.		
	COMPANY NAME		
	710 Bridgeport Ave.		
	STREET ADDRESS		
	Shelton	CT	06484-4794
	CITY	STATE	ZIP

1-800-762-4000
PHONE NUMBER
203-944-4914
FAX NUMBER

DELIVER TC

PURCHASING BUYER _____ DATE _____

LIST QUOTATIONS ON REVERSE SIDE LIST ATTACHED - CHECK ☐

[illegible]

*IF ANY PROBLEMS WITH ORDER:

CONTACT	Marie Shandor
PHONE	336-373-7649

SUB TOTAL	\$138,875.36
4% N. C. SALES TAX	\$5,555.01
2% G. C. SALES TAX	\$2,777.51
TOTAL	\$147,207.88

↑
THIS COLUMN TO BE
USED FOR ORDERING
INVENTORY ITEMS
ONLY

WR - Dell Harney
 AUTHORIZED SIGNATURE