

Attn: M. Cassidy

214-618-4049

Flagged call for
work #

ENTERED

5/16/08

STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS

DEPARTMENTAL REQUEST FOR PURCHASE

PURCHASE ORDER NO.

REQUISITION NO.

DATE

04/25/2008

PAGE 1 OF 1

82200864

CHECK THE APPROPRIATE BOX:

ARO

FOB

DEPARTMENTAL PURCHASE (\$0.01 - \$2,999.99)

OFFENDER CANTEEN PURCHASE

NON-CONTRACT PURCHASE OVER \$20,000.00

MVE PURCHASE ANY (\$) AMOUNT

LOCAL PURCHASE (\$3,000.00 - \$19,999.99)

OA PURCHASE ANY (\$) AMOUNT

☒ CONTRACT PURCHASE ANY (\$) AMOUNT CONTRACT NUMBER: C104357001

☐ VENDOR NAME MORRIS & DICKSON CO. LLC

VENDOR/FID NO. 72026664500

ADDRESS 410 KAY LANE, PO BOX 51367, SHREVEPORT, LA 71135

PHONE NO.

PERSON CONTACTED

TOTAL \$ 3,400.71
3,398.46

MINORITY ☐ YES ☐ NO

☐ VENDOR NAME Approved Rm 5/16/08

VENDOR/FID NO.

ADDRESS

PHONE NO.

PERSON CONTACTED

TOTAL \$

MINORITY ☐ YES ☐ NO

☐ VENDOR NAME

VENDOR/FID NO.

ADDRESS

PHONE NO.

PERSON CONTACTED

TOTAL \$

MINORITY ☐ YES ☐ NO

REASON FOR PURCHASE PHARMACEUTICAL SUPPLIES FOR INSTITUTIONAL USE

SHIP TO ADDRESS ERDCC, 2727 HWY K, BONNE TERRE, MO 63628

SHIP TO CODE:

ITEM NO.	DESCRIPTION OF ITEMS/SERVICES	QUANTITY ORDERED	UNIT	UNIT PRICE	EXTENDED COST
✓ 1	HEPARIN L/F VL 100U 10ML/25, 00409-1152-70	2	EA	\$ 9.396	\$ 18.79
✓ 2	(VERSED)MIDAZOLAM VL 5 MG/ML, 1ML/10, 10019-0027-01	2	EA	\$ 12.364	\$ 24.73
✓ 3	METHYLENE BLUE VL, 1%, 10ML/10, 11098-0504-10	2	EA	\$ 34.50	\$ 69.00
✓ 4	POTASSIUM CHLORIDE VL, 40MEG, 20MLX25, 00409-6653-05	7	EA	\$ 8.407	\$ 58.85
✓ 5	(ROMAZICON) FLUMAZENILVL, 5ML, CT/10, 55390-0092-10	1	EA	\$ 49.46	\$ 49.46
✓ 7	THIO PENTOTHAL RTM SRN, 500MG/25LIF, 00409-3353-01	7	EA	\$ 428.033	\$ 2,996.23
* 8	KETALAR VL(KETAMINE) 10MG, 20ML/10, 42023-0113-10	1	EA	\$ 146.86	\$ 146.86
✓ 9	WATER IRR STR 1000ML/12BOT, 00409-7139-09	1	EA	\$ 20.65	\$ 20.65
✓ 10	SOD CHL .9% 1000ML/12 BAG, 00409-7983-09 (WANT ONLY 4 BAGS BUT WILL TAKE CASE IF NEEDED)	1	CS	\$ 16.14	\$ 16.14
charge for using credit card 1170					126.02
mmcap # 25017801 Acct. # 21727					3536.73
Est date: 5-5-08 * DO NOT SEND VENDOR COPY *					3,400.71
WIN # 1005XNE.N00					
✓ Rec'd 5/16/08 * Rec'd 5/16/08					
ORDER TOTAL					\$3,398.46

APPROVAL SIGNATURE	DATE	APPROVAL SIGNATURE	DATE
SECTION		ASSOC. SGT.	
REQUESTED BY		CAO	
SECTION HEAD	ID NO.	BUSINESS OFFICE	
			4-29-08
			4/30/08
			4-29-08

FUND	ITEM NO.	QUANTITY OR %	FUND	ORG	ACTIVITY	OBJECT CODE	AMOUNT
☐ GENERAL REVENUE							
☐ OFFENDER REVOLVING							
☐ OFFENDER CANTEEN	9860		0101	3120	Y603	2289	
☐ OTHER 89 9/10	9860		0101	3120	Y603	2295	
☐ FEDERAL GRANT:							



STATE OF MISSOURI

ORDER FROM PRICE AGREEMENT C104357001 CONTINUATION

ORDER NUMBER	MODIFICATION NUMBER	AGENCY/ORGANIZATION	ORDER DATE	PAGE	
PG 931 YYY82200864		931/3992	05 16 2008	02	
COMMODITY CODE AND DESCRIPTION	ORD UNE	QUANTITY ORDERED	UNIT	UNIT PRICE	AMOUNT
00409-6653-05					
C/S CODE: 26999 PRICE AGREEMENT LINE NUM: 001 DRUGS AND PHARMACEUTICALS, MISCELLANEOUS	005	1	EA	49.460000	49.46
(ROHAZICON) FLUMAZENIL VL, 5ML, CT/10 55390-0092-10					
C/S CODE: 26999 PRICE AGREEMENT LINE NUM: 001 DRUGS AND PHARMACEUTICALS, MISCELLANEOUS	006	7	EA	428.033000	2996.23
THIO PENTOTHAL RTH SRN, 500MG/25LIF 00409-3353-01 (POWDER)					
C/S CODE: 26999 PRICE AGREEMENT LINE NUM: 001 DRUGS AND PHARMACEUTICALS, MISCELLANEOUS	007	1	EA	146.860000	146.86
KETALAR VL (KETAMINE) 10MG, 20ML/10 42023-0113-10					
C/S CODE: 26999 PRICE AGREEMENT LINE NUM: 001 DRUGS AND PHARMACEUTICALS, MISCELLANEOUS	008	1	EA	20.650000	20.65
WATER IRR STR 1000ML/12BOT 00409-7139-09					
C/S CODE: 26999 PRICE AGREEMENT LINE NUM: 001 DRUGS AND PHARMACEUTICALS, MISCELLANEOUS	009	1	CS	16.140000	16.14
SODIUM CHLORIDE .9% 1000ML/12BAG 00409-7983-09					
(ACCOUNT # 21727)					
CONTRACT NO. C104557001					
***** *** DO NOT SEND VENDOR COPY *** *****					
ERDCC BUSINESS OFFICE/MASON					
9060.2289.Y603.3120. LINES 1-7					
TOTAL					

MAY 19 2008



STATE OF MISSOURI

ORDER FROM PRICE AGREEMENT C104357001 CONTINUATION

ORDER NUMBER	MODIFICATION NUMBER	AGENCY/ORGANIZATION			ORDER DATE	PAGE 02
PG 931 YYY82200864		931/3992			05 16 2008	
COMMODITY CODE AND DESCRIPTION		ORD LINE	QUANTITY ORDERED	UNIT	UNIT PRICE	AMOUNT
00409-6653-05						
C/S CODE: 26999 PRICE AGREEMENT LINE NUM: 001 DRUGS AND PHARMACEUTICALS, MISCELLANEOUS (ROMAZICON) FLUMAZENIL VL, 5ML, CT/10 55390-0092-10		005	1.00	EA	49.460000	49.46
C/S CODE: 26999 PRICE AGREEMENT LINE NUM: 001 DRUGS AND PHARMACEUTICALS, MISCELLANEOUS THIO PENTOTHAL RTM SRN, 500MG/25LIF 00409-3353-01 (POWDER)		006	7.00	EA	428.033000	2996.23
C/S CODE: 26999 PRICE AGREEMENT LINE NUM: 001 DRUGS AND PHARMACEUTICALS, MISCELLANEOUS KETALAR VL (KETAMINE) 10MG, 20ML/10 42023-0113-10		007	1.00	EA	146.860000	146.86
C/S CODE: 26999 PRICE AGREEMENT LINE NUM: 001 DRUGS AND PHARMACEUTICALS, MISCELLANEOUS WATER IRR STR 1000ML/12BOT 00409-7139-09		008	1.00	EA	20.650000	20.65
C/S CODE: 26999 PRICE AGREEMENT LINE NUM: 001 DRUGS AND PHARMACEUTICALS, MISCELLANEOUS SODIUM CHLORIDE .9% 1000ML/12BAG 00409-7983-09 (ACCOUNT # 21727) CONTRACT NO. C104357001 ***** *** DO NOT SEND VENDOR COPY *** ***** ERDCC BUSINESS OFFICE/MASON 9860.2289.Y603.3120. LINES 1-7		009	1.00	CS	16.140000	16.14
					TOTAL	

INVOICE
812454
DATE 5/07/0
PAGE

21727
ORD. TYPE
3
SHIP VIA
DEPT. NUMBER
219 M & D

BE6051700
P.O. NUMBER

DEA No. RM0314790

ACK # 09872

S H I P T O
E RECEPTION DIAG CORR CNTR
2727 HWY K
BONNE TERRE, MO
(573) 358-4412

B I L L T O
E RECEPTION DIAG CORR CNTR
2727 HWY K
BONNE TERRE, MO
63628

P.O. Box 51367 Shreveport, LA 71115 Ph. 318-797-7900
[REMIT TO:]
P.O. Box 51367 Shreveport, LA 71135-1367 Ph. 318-797-7900

DETAILED INVOICE

219 M & D

ORD. TYPE 3

SHIP VIA

DEPT. NUMBER

ACK # 09872

S H I P T O
E RECEPTION DIAG CORR CNTR
2727 HWY K
BONNE TERRE, MO
(573) 358-4412

B I L L T O
E RECEPTION DIAG CORR CNTR
2727 HWY K
BONNE TERRE, MO
63628

ITEM	QTY	UNIT	DESCRIPTION	PC	C L S	RETAIL	LIST	PROMO %	COST	G.P. %	C	EXTENS
361188	2	CT	MIDAZOLAM VL5MG/ML 1ML/10		4		15.630		12.364			24
061754	7	CS	PENTOTHAL RIM SRN 500MG/25MLIF		4		540.940		428.033			2996
COPY												

Pay by 6/06/08 and Deduct

158.99

GROSS TOTAL 3179.95

1 1/2% SERVICE CHARGE (18% PER ANNUM) ON PAST DUE ACCOUNTS

TOTAL TAX 3020.9

NET AMOUNT 3020.9

* PC - Price Charge
Promo % - Mfg Promotional Disc.
Contract Item
G = Group
I = Individual
M = M&D
P = PHS
* CLS = Diag Class
2 = prescriptions
4 = Schedule 4-5
5 = LA Only
6 = Schedule 3
8 = Schedule 2
V = Price Vendor
D = OSHIP
P = PHS

Morris & Dickson Co. S.S.F.C.

SINCE 1841
10301 Hwy 1 South, Shreveport, LA 71115 Ph. 318-797-7900
P.O. Box 51367 Shreveport, LA 71135-1367 Ph. 318-797-7900

REMIT TO:

S E RECEPTION DIAG CORR CNTR
H 2727 HWY K
I BONNE TERRE, MO 63628
P (573) 358-4412
T
O

B E RECEPTION DIAG CORR CNTR
I 2727 HWY K
L BONNE TERRE, MO 63628
L
T
O

ACK # 09872

DEA REG. NO.

BE6051700
P.O. NUMBER

DEPT. NUMBER

CUST. NO.

21727
ORD. TYPE

SHIP VIA

219 M & I

DEA No. RM0314790

INVOICE

812

DATE

5/07/08

PAGE

2

ITEM	QTY	UNIT	DESCRIPTION	MFGR	NDC / UPC	PC	C L S	RETAIL	LIST	PROMO %	COST	G.P. %	C	EXTENSION
361189		CT	---											
061754		CS	MIDAZOLAM VL5MG/ML 1ML/10		10019-0027-01	4		2	2		C21D5			
			PENTOTHAL RTM SRN 500MG/25LIF		409-3353-01	4		7	7		C90C1			

Please report any error by calling Customer Service *														

RX			Tax	List	Net									
				3817.	3020.95									
OTC					.00									
TOTAL				3817.	3020.95	20.9%								

Pay by and Deduct

TOTAL

TAX

NET AMOUNT

GROSS TOTAL

1.12% SERVICE CHARGE (18% PER ANNUM) ON PAST DUE ACCOUNTS

* PC - Price Change
Promo % - Mfg Promotional Disc.
C - Contract Item
G - Group
I - Individual
M - M&D
V - Private Vendor
D - DSHIP
P - PHS

* CUS = Drug Class
2 = prescriptions
4 = Schedule 4-5
5 = LA Only
6 = Schedule 3
8 = Schedule 2

CUST. NO.	21727	DEA REG. NO.	BE6051700	INVOICE NO.	219
ORD. TYPE	3	P.O. NUMBER		DATE	5/07/08
SHIP VIA		DEPT. NUMBER		PAGE	C2A
219 M & D					1

REMIT TO:

S E RECEPTION DIAG CORR CNTR
H 2727 HWY K
I BONNE TERRE, MO
P (573) 358-4412
T

B E RECEPTION DIAG CORR CNTR
L 1
L 2727 HWY K
L BONNE TERRE, MO 63628
T
O ACK # 09872

DEA No..RM0314790

ITEM	QTY	UNIT	DESCRIPTION	MFG	NDC/UPC	PC	CLS	RETAIL	LIST	Promo	COST	GP %	C	EXTENSION
361188	2	CT	MIDAZOLAM 7.5MG/ML 1ML/10	BAX	10019-0027-01		4		15.630		12.364	985		24.73
061754	7	CS	PENICILLIN-RPM-500MG/25LIF	HOS	499-3555-01				540.940		428.033			2996.23
60614														
COPY														
0 ACK # 09872 0 Pay by 6/06/08 and Deduct 158.99 3179.95 GROSS TOTAL														
0 000 3020.96 TOTAL TAX 3020.96 NET AMOUNT														

* CLS = Drug Class
2 = prescriptions
4 = Schedule 4-5
5 = LA Only
6 = Schedule 3
8 = Schedule 2

GROSS	3179.95
TOTAL	

1.1 1/2% SERVICE CHARGE (18% PER ANNUM) ON PAST DUE ACCOUNTS