Omnicell
2003 Gandy Blvd N
Saint Petersburg, FL 33702

Invoice Date:	April 17, 2019
Invoice No.	5378428
Customer No.	212636

Bill To: 212636
Care Options RX
219 North Baltimore Avenue
Mount Holly Springs, PA 17065

Ship To: 212636
Care Options RX
219 North Baltimore Avenue
Mount Holly Springs, PA 17065

Invoice for Quote # 5378428 product portion only ***Terms: UPON RECEIPT***

Accuflex III purchase

ID	***Product***	***Qty***	***Contract List Price***	***Unit Price***	***Extended Price***
Purchase					
102-050	CASSETTE,ONDEMAND,PLACEHOLDER	300	$120.00		
102-054	CUP,BAFFLED,EXTENSION,ONDEMAND	36	$47.12		
103-98	PRINTER KIT,PEEL/PRESENT,CAB A6	1	$4,469.28		
104-700	PREPAK UPGRADE PACKAGE,ACCUFLEX & EXCEL	1	$3,486.86		
104-805	SELECT SEAL OPTION KIT FOR ACCUFLEX	1	$8,725.00		
A-0583	PRINTER,CAB A6+/300P,APPLICATOR READY	1	$3,327.32		
A-0675	APPLICATOR,CAB A1000 TAMP	1	$3,819.11		
B05-00-00-000	ASSY,MAIN,ACCUFLEX III	1	$800,000.00	$400,000.00	$400,000.00
Installation -OD	INSTALLATION CHARGE ON DEMAND	40	$250.00	$250.00	$10,000.00
TC-CAG	EXTENSION,CASSETTE,GREEN	300	$2.57		

Discount Included Above: $462,294.89
Support and Shipping/Handling will be billed seperately

Total Product	$410,000.00
Payment Received	-$205,000.00
Balance Due for Product only	**$205,000.00**

REMIT TO: Omnicell, Inc
PO Box 204650
Dallas, TX 75320-4650