

**Quantity Purchase Agreement
With The State Of Indiana**

Vendor
Remit to:
HENRY SCHEIN INC
135 DURYEA RD
MELVILLE NY 11747

Name and
Address
of Vendor:
HENRY SCHEIN INC
135 DURYEA RD
MELVILLE NY 11747

Qty Purchase Agreement QPA Number	Page
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Requisition Nbr.:	Medical Supplies
Effective Date:	12/01/2012
Expiration Date:	12/31/2026
Agency Number:	
Facility:	ASA-MMCAP
Vendor ID:	0000003966
Vendor Telephone Nbr:	
Name Of Contact Pers:	
Contact Email:	
FAX Number:	

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement.

Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number	Quantity	UNIT	Article and Description	Unit Price
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This is an award of a Quantity Purchase Agreement for MEDICAL SUPPLIES awarded under the Minnesota Multi-State Contracting Alliance for Pharmacy (MMCAP).

This QPA is being issued solely to provide a payment and tracking method for purchases being made by the State. Please contact the listed sales representative for product and pricing information.

To access MMCAP catalogs and pricing, the purchasing entity must first be an approved MMCAP member. Membership applications can be obtained by contacting the IDOA Account Manager.

IDOA Account Manager: Kristine Kruger Krkruger@idoa.in.gov

Henry Schein Medical Government Account Manager: Cristina Bowman
cristina.bowman@henryschein.com; Cell: (864) 381-5900 Rob Irwin Rob.Irwin@henryschein.com

The following UN/CEFACT Unit of Measure
Common Codes are used in this document:

Signature of Purchasing Officer	Typed Name	Signature Of Approval Office Of the State Attorney General	
	Date Signed	Typed Name	Date Signed
Authorized Signature	Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204 Telephone: (317) 232-3150		