

Siemens Healthcare Diagnostics  
221 Gregson Dr  
Cary, NC 27511  
RETURN SERVICE REQUESTED

CUSTOMER PO#: Return Freight  
SIEMENS REFERENCE#: 777430490  
SOLD-TO#: 144607  
PAYER#: 148974

**BILL TO CUSTOMER NUMBER:** 148974

**SHIP TO ACCOUNT NUMBER:** 167148

FULTON CNTY COURT ADMIN OFFICE  
OFFICE OF THE COURT ADMINISTRATOR  
ATTN JOHN COLLINS  
136 PRYOR ST SW STE C640  
ATLANTA GA 30303

FULTON COUNTY DRUG COURT  
JOHN COLLINS  
1135-A JEFFERSON ST  
ATLANTA GA 30318

*john collins*

Approved on 1/23/26 to pay from General Funds

INVOICE NUMBER	INVOICE DATE	TOTAL (USD)	PAYMENT TERMS	INCO TERMS
997420527	01/12/26	2,500.00	Net 30 Days	CIF Customer dock

LN#/ Cust.PO#	QTY/ UOM	MATERIAL NUMBER / DESCRIPTION	UNIT PRICE	EXTENDED PRICE	TAXABLE
001	1 PC	10471161 SHIPPING & HANDLING Price Source:MNO  MERCHANDISE: TOTAL(USD):	2,500.00	2,500.00  2,500.00 <b>2,500.00</b>	
<p>Online payments available through Account Statement and Invoice Payment Portal: <a href="https://my.siemens-healthineers.com">https://my.siemens-healthineers.com</a></p>					

All discrepancies must be reported within 30 days of receipt of product. Please contact 1-877-229-3711 or submit a request through My Digital Lab Assistant via our Webshop at: <https://shop.healthcare.siemens.com> to report discrepancies.

Buyer's acceptance of the goods covered by this invoice shall constitute acceptance by the buyer of all terms and conditions of sale stated above and in the Standard Conditions of Sale.

**Disclosure of Discounts:** Customer agrees that it must fully and accurately report prices paid under this Agreement, net of all discounts, as required by applicable law and contract, including without limitation 42 CFR §1001.952(h), in all applicable Medicare, Medicaid, and state agency cost reports. Customer shall retain a copy of this Agreement and all other communications regarding this Agreement, together with the invoices for purchase and permit agents of the U.S. Department of Health and Human Services or any state agency access to such records upon request.

**Please remit all checks to the following address: Siemens Healthcare Diagnostics, P.O. Box 121102, Dallas, TX 75312-1102. Please make electronic payments to Bank of New York Mellon as follows: Wires: ABA 043000261, account name Siemens Healthcare Diagnostics, Account Number 0102453.**