

Summary - PO AB0785802

PO/Reference No. AB0785802

Supplier ACADEMIC HEALTHPLANS INC

| General Information | Shipping Information | Billing/Payment | | | | | | | | | |
|--|--|--------------------|-------------|--------------------|--------------------|-------------|--------------|------|--|--|---|
| <p>PO/Reference No. AB0785802</p> <p>Revision No. 1</p> <p>Supplier Name ACADEMIC HEALTHPLANS INC</p> <p>Address 1005 GLADE RD COLLEYVILLE, Texas 760342805 United States</p> <p>Phone +1 817-809-4790</p> <p>Purchase Order Date 2/10/2023</p> <p>Total 20,130.00 USD</p> <p>Requisition Number 168070416</p> <p>Owner Business Unit 24-Texas A&M University - Central Texas (24)</p> <p>Order Category 1 - Regular</p> <p>Report Reference A <i>no value</i></p> <p>Report Reference B <i>no value</i></p> <p>Sole Source (attach justification) x</p> <p>Contract Number C2021-1969</p> <p>Start Date <i>no value</i></p> <p>End Date <i>no value</i></p> <p>Trade-In x</p> <p>Create Asset Manually x</p> <p>Add to Asset Number <i>no value</i></p> <p>Cost Receipt Required x</p> <p>Rush the Pymt Process x</p> <p>Contact Information</p> <p>Owner Name Rochelle Moore</p> <p>Owner Phone +1 254-501-5865</p> | <p>Ship To</p> <p>Attn: ROCHELLE MOORE</p> <p>Enrollment Mgmt</p> <p>Founder's Hall</p> <p>1001 Leadership Place</p> <p>Killeen, TX 76549</p> <p>United States</p> <p>ShipTo Address Code 24-028</p> <p>Delivery Options</p> <p>Emergency (attach justification) x</p> <p>Ship Via Best Carrier-Best Way</p> <p>Requested Delivery Date</p> <p>Buyer Information</p> <table border="1"> <thead> <tr> <th>Buyer</th> <th>Buyer Email</th> <th>Buyer Phone Number</th> </tr> </thead> <tbody> <tr> <td>cco - Oberg, Clyde</td> <td>co@tamu.edu</td> <td>979.845.1042</td> </tr> <tr> <td>CC02</td> <td></td> <td></td> </tr> </tbody> </table> <div style="border: 1px solid #add8e6; padding: 5px; margin-top: 10px;"> <p>i User does not have the necessary permissions to view the custom fields associated with this section.</p> </div> <p>Bypass Dept Allocator Yes</p> | Buyer | Buyer Email | Buyer Phone Number | cco - Oberg, Clyde | co@tamu.edu | 979.845.1042 | CC02 | | | <p>Bill To</p> <p>Texas A&M University</p> <p>Central Texas-Accounts Payable</p> <p>***Do Not Mail Invoices***</p> <p>Email invoices to acctspayable@tamuct.edu</p> <p>1001 Leadership Place</p> <p>Killeen, TX 76549</p> <p>United States</p> <p>BillTo Address Code 24</p> <p>Billing Options</p> <p>Accounting Date 2/9/2023</p> <p>Payment Terms 0, Net 30</p> <p>FOB / FREIGHT Destination</p> <p>Pre-Pay & Add x</p> <p>Special Payment Method <i>no value</i></p> |
| Buyer | Buyer Email | Buyer Phone Number | | | | | | | | | |
| cco - Oberg, Clyde | co@tamu.edu | 979.845.1042 | | | | | | | | | |
| CC02 | | | | | | | | | | | |

Owner Email MOORER@TAMUCT.EDU

| Distribution Information | Supplier Information |
|--|---|
| <p>Distribution Methods The system will distribute purchase orders using the method(s) indicated below:</p> <p>Email (HTML Attachment) dominic.lira@ahpcare.com</p> <p>Distribution Options Supplier Terms and Conditions Order acceptance instructions For Order Acceptance Instructions and other Terms and Conditions applicable to this PO, see the "Notes to Supplier" section below.</p> | <p>Supplier Information</p> <p>Contract C2021-1969</p> <p>Account Code</p> <p>Pricing Code</p> <p>Quote number</p> <p>Note to Supplier TAMU-CT POINT OF CONTACT: ROCHELLE MOORE - 254.519.5410 - moorer@tamuct.edu</p> <p>Attachments for supplier ↓ Invoice Summary &...</p> <p>PO Clauses</p> <p>001 No Collect Freight Charges Acc...</p> <p>103 Order Acceptance Instructions ...</p> <p>104 Terms & Conditions - TAMU-CT</p> |

| Accounting Codes | | | | | | | |
|------------------|--|-------------------------------------|---|--------------------|--------------------|-----------------|------------------|
| Fiscal Year | Member ID | Department Code | Account Code | Report Reference C | Report Reference D | Object Code | Special Routing1 |
| 2023 | 24 Texas A&M University - Central Texas | 24-0500 24-Enrollment Management | 24-200671-00000 International Health Insurance | <i>no value</i> | <i>no value</i> | <i>no value</i> | L Local |

| Line Item Details | | | | | | |
|---|------------|------------------|----------------|--|--------------------------|----------------|
| Product Description | Catalog No | Size / Packaging | Unit Price | Quantity | Ext. Price | |
| 1 International Student Health Insurance | n/a | EA | 1.00 USD | 20,130 EA | 20,130.00 USD | |
| | Taxable | Capital Expense | Commodity Code | 84131602 Health or hospitalization insurance 5220 | Requisition Number | 168070416 |
| | | | | | External Note | <i>no note</i> |
| | | | | | Attachments for supplier | |

Shipping, Handling, and Tax charges are calculated and charged by each supplier. The values shown here are for estimation purposes, budget checking, and workflow approvals.

| | |
|----------|------------------|
| Subtotal | 20,130.00 |
| Shipping | 0.00 |

| | |
|----------|----------------------|
| Handling | 0.00 |
| Total | 20,130.00 USD |