



**State of Oklahoma  
Office of Management and Enterprise  
Services  
Central Purchasing**

**Notice of Statewide Contract  
Award**

*Official signed contract documents are on file with OMES-Central Purchasing.*

**Contract Title:** MMCAP Pharmaceuticals (Distributor Contract)

**Contract Issuance Date:** January 28, 2015

**Statewide Contract #:** SW023A

**Total Number of Vendors:** 1\* (For details see: Vendor Information Sheet)

**Contract Period:** March 1, 2015 through October 31, 2016

**Agreement Period:** March 1, 2015 through October 31, 2019

**Authorized Users:** All State Departments, Boards, Commissions, Agencies and Institutions, in addition to Counties, School Districts and Municipalities may avail themselves of the contract. Users of this contract must complete a MMCAP Membership Application and have a MMCAP Issued Facility ID#.

**Contract Priority:** This is a Mandatory Contract

**Type of Contract:** Pricing for this Contract will be in accordance with MMCAP Contract #MMS15002.

**OMES-CP Contact:** Laura Bybee  
Contracting Officer

Phone: 1-405-522-1037  
Fax: 1-405-522-1077  
Email: laura.bybee@omes.ok.gov



State of Oklahoma  
Office of Management and Enterprise Services  
Central Purchasing Division

Awarded Vendors  
Information

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**Vendor Name:** Morris and Dickson

**Vendor ID#:** 0000173614

**Vendor Address:** Address: P.O. Box 51367

City: Shreveport

State: LA

Zip Code: 71135

**Contact Person Name:** Jaime Barouh

**Phone #:** 281-292-9180

**Title:**

**Fax #:** 281-292-9214

**Email:** [jnbarouh@morrisdickson.com](mailto:jnbarouh@morrisdickson.com)

**Website:** [www.morrisdickson.com](http://www.morrisdickson.com)

**Authorized Location:** ☐ Locations list attached as *(attachment title)*

☐ Address:

City:

State:

Zip Code:

**Contract ID #:** 000000000000000000000000003960

**Delivery:**

**Minimum Order:**

**P/Card Accepted:** X Yes

☐ No

**Other:**

**Vendor Name:**

**Vendor ID#:**

**Vendor Address:** Address:

City:

State:

Zip Code:

**Contact Person Name:**

**Phone #:**

**Title:**

**Fax #:**

**Email:**

**Website:**

**Authorized Location:** ☐ Locations listing attached as *(attachment title)*

☐ Address:

City:

State:

Zip Code:

**Contract ID #:**

**Delivery:**

**Minimum Order:**

**P/Card Accepted:** ☐ Yes

☐ No

**Other:**

SW023A – MMCAP Pharmaceuticals (Distributor Contract)  
STATE OF OKLAHOMA  
CENTRAL PURCHASING DIVISION  
TERMS AND CONDITIONS

**Contract Period:** The Contract Period is March 1, 2015 through October 31, 2016.

**Agreement Period:** Upon mutual written agreement by both parties, the Oklahoma contract period is March 1, 2015 through October 31, 2016, and may be renewed under the same terms and conditions for any additional extensions as exercised by the State of Minnesota (Lead State).

**PURCHASE CARD:** Agencies may make payments for oral or written delivery orders by using the State of Oklahoma purchase card (p-card). Oral delivery requests will be honored by the Contractor when paid by Purchase Card. **Payments made using the purchase card are in accordance with the MMCAP State of Minnesota Contract #MMS15002.** The contractor shall not process a transaction for payment through the credit card clearinghouse until the purchased supplies have been shipped or services performed. Unless the cardholder requests correction or replacement of a defective or faulty item in accordance with other contract requirements, the contractor shall immediately credit a cardholder's account for items returned as defective or faulty.

