

Purchase Order Invoice Example

StenoMed, Inc.

Accounts Receivable
8504 N. 128th E. Ave.
Owasso, OK 74057OHSU Department of Urology
920 S. E. Young Blvd., WP3150
Oklahoma City, OK 73104

Thank you for choosing StenoMed for your transcription needs!

Invoice

DATE	INVOICE#
6/1/2018	174627

StenoMed, Inc. Corporate Office
800-426-0027For account inquiries contact Mary Butler, R.A. at
maryb@steno-med.comFor other correspondence contact Shari Riedel at
sriedel@steno-med.com

			P.O. NO.	TERMS
				Due on receipt
LINE#	DESCRIPTION	U/M	RATE	AMOUNT
2,108	Bob D. Smith, MD		0.11	L1-D1 231.00
2,339	Gally Brown, MD		0.11	L2-D2 206.00
221	Sue Allen, MD		0.11	L3-D1 24.11
697	Tom Wilson, MD		0.11	L1-D2 76.67
81	John Watson, MD		0.11	L3-D2 8.01
			Total	\$601.04