

# Purchase Order Invoice Example

PO# 609342

T. E. Miller

## StenoMed, Inc.

Accounts Receivable  
8504 N. 128th E. Ave.  
Owasso, OK 74055

OUHSC Department of Urology  
920 S. E. Young Blvd., WP3148  
Oklahoma City, OK 73104

## Invoice

DATE	INVOICE #
1/17/2016	19427

StenoMed, Inc. Corporate Office  
800-421-0527

For account inquiries contact Mary Butler, Esq. at  
mary.butler@stenomed.com

For other correspondence contact Sheri Randall at  
sherirandall@stenomed.com

Thank you for choosing StenoMed for your transcription needs!

			P.O. NO.	TERMS
			Due on receipt	
LINE#	DESCRIPTION	U/M	RATE	AMOUNT
2,106	Rob D. Smith, MD		0.11	L1-D1 231.66
2,339	Judy Brown, MD		0.11	L2-D2 289.49
221	Scr Allen, MD		0.11	L3-D1 23.31
647	Tara Wilson, MD		0.11	L1-D2 56.67
81	Jake Watson, MD		0.11	L3-D2 8.91
			Total	\$601.04

OUHSC - 01/01/16 Transcription Order