

Purchase Order Invoice Example

PO# 69342

T. E. M. W.

StenoMed, Inc.

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

Invoice

DATE	INVOICE#
3/3/2016	19427

OHSU Department of Urology
920 S. E. Young Blvd., WP3150
Oklahoma City, OK 73104

StenoMed, Inc. Corporate Office

405-124-0527

For account inquiries contact Mary Sadler, F.A., at
mary.sadler@steno-med.com

For other correspondence contact Sherri Randall at
srandell@steno-med.com

Thank you for choosing StenoMed for your transcription needs!

			P.O. NO.	TERMS
				Due on receipt
LINES	DESCRIPTION	U/M	RATE	AMOUNT
2,106	Bob D. Smith, MD		0.11	L1-D1 231.66
2,359	Sally Brown, MD		0.11	L2-D2 250.10
221	Sue Allen, MD		0.11	L3-D1 24.51
697	Tom Wilson, MD		0.11	L1-D2 76.67
81	John Watson, MD		0.11	L3-D2 8.01
			Total	\$601.04

02/10/16 - 03/02/16 Transcription Dates