

Purchase Order Invoice Example

PO# 69342

T. E. M. W.

StenoMed, Inc.

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

OUHSC Department of Urology
920 S. L. Young Blvd., WP3150
Oklahoma City, OK 73104

Invoice

DATE	INVOICE#
3/3/2016	19427

StenoMed, Inc. Corporate Office

405-324-0527

For account inquiries contact Mary Sadler, EA, at
mary@campbellcpu.com

For other correspondence contact Sherri Randell at
srandell@stenomed.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 259.49
221	Sue Allen, MD		0.11	L3-D1 24.31
697	Tom Wilson, MD		0.11	L1-D2 76.67
81	John Watson, MD		0.11	L3-D2 8.01
			Total	\$601.04
02/18/16 - 03/02/16 Transcription Dates				