

# Purchase Order Invoice Example

PO# 69342

T. E. M. W.

## StenoMed, Inc.

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

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

## Invoice

DATE	INVOICE#
3/3/2016	19427

### StenoMed, Inc. Corporate Office

405-124-0527

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

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			P.O. NO.	TERMS
				Due on receipt
LINES	DESCRIPTION	U/M	RATE	AMOUNT
1,106	Bob D. Smith, MD		0.11	L1-D1 231.66
2,359	Sally Brown, MD		0.11	L2-D2 259.10
221	Sue Allen, MD		0.11	L3-D1 74.31
697	Tom Wilson, MD		0.11	L1-D2 76.67
81	John Watson, MD		0.11	L3-D2 8.01
			<b>Total</b>	<b>\$601.04</b>

02/18/16 - 03/02/16 Transcription Dates