## Purchase Order Invoice Example

D#109345

StenoMed, Inc.

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

T. Shim

## √ Invoice

INVOICE#	DATE
19427	3/3/2016

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

StenoMed, Inc. Corporate Office

405-324-0527

For account inquiries contact Mary Sadler, EA, at marydificamphellopa com

For oher correspondence contact Shorri Randell at arandell@stenomed.com

Thank you for choosing StenoMed for your transcription needs!

TERMS	P.O. NO.	_			
Due on receipt		1			
THUOMA	RATE	M\U	DESCRIPTION	LINES	
1-51 231.6	0.11		106 Bob D. Smith, MD		
2-DZ 259.46 3-DI 24.31	2 11.0	1 1	2,359 Sally Brown, MD		
3-D1 24.31	7 11.0	1 1	221 Sue Allen, MD		
1-D2 76.67	2 11.0	1 1	697 Tom Wilson, MD		
13-D5 8:01	7 11.0		81 John Watson, MD		
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\$601.04	Total		8/16 - 03/02/16 Transcription Dates		