

Payment Receipt

Payment Date	June 15,2015		
Payment Mode	Urgent		
Cash	\$14,000	Check	[If applicable]
Total Amount	\$14,000	Credit Card	[If applicable]
Reference:	Payment for allergies test		

Details

Item/Good/Services Description	Unit Price	Total Quantity	Amount
Lab report	\$350	40	\$14,000
			\$0
			\$0
			\$0
		Total	\$14,000

Thank you
Elizabeth Adam
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USA