

# INVOICE

Invoice Amount

\$725.63

Remit To:

**InterSolutions, LLC**

PO BOX 825965

Philadelphia PA 19182-5965

Payment Terms

Net 30 Days

Invoice Date

02/27/2023

Invoice No.

272321

Customer No.

808615

Stuart Hall

2121 CENTRAL ST

KANSAS CITY, MO 64108

**Billing Call: (856) 281-2948 or Email: Billing@InterSolutions.com**

Customer Name	Department	Customer No.	Payment Terms
	Stuart Hall	808615	Net 30 Days

Description	Date	Type	Units	Rate	Amount
<b>WeekWorked: 02/24/2023</b>					
MILLIGAN, ROBIN L Porter	02/20/23	Reg	7.50	\$32.25	\$241.88
MILLIGAN, ROBIN L Porter	02/21/23	Reg	7.50	\$32.25	\$241.88
MILLIGAN, ROBIN L Porter	02/24/23	Reg	7.50	\$32.25	\$241.88

Total ACA Admin Fee:

	Hours	Amount
Reg	22.50	\$725.64
OT	0.00	\$0.00
DT	0.00	\$0.00
Other	0.00	\$0.00

**Total - This Invoice:** \$725.63