

## INVOICE # NO REFERENCE INFORMATION

Lee David

Bill To:

Date: 01/05/2024

**Wakefield Family Medical Centre** 

Balance Due: \$29.87

Item	Quantity	Rate	Amount
Fuel Surcharge	1	\$2.24	\$2.24
Direct Signature Required (Express Shipments)	1	\$3.17	\$3.17
Premium Extended Commercial DAS	1	\$4.50	\$4.50
Weight	1	\$4.46	\$4.46
Base Transportation	1	\$13.00	\$13.00
Reporting fee	1	\$2.50	\$2.50
		Total:	\$29.87