

SHIPPING DEPARTMENT

INVOICE

NO REFERENCE INFORMATION

Roi Zalach

Date: 01/05/2024

Bill To:

C/O Stern Dental

Balance Due: \$46.92

Item	Quantity	Rate	Amount
Fuel Surcharge	1	\$4.19	\$4.19
Direct Signature Required (Express Shipments)	1	\$3.17	\$3.17
Weight	1	\$4.46	\$4.46
Base Transportation	1	\$32.60	\$32.60
Reporting fee	1	\$2.50	\$2.50

Total: \$46.92