

ADVANCED MEDICAL SUPPLY, INC.

3322 N Milwaukee avenue, Chicago, IL 60641

Phone: 773-205-6993 Fax: 773-205-6994

info@advancedmedicalsupply.net

Invoice for Durable Medical Equipment

Invoice To: University of Illinois Chicago

Invoice Number: INV-2025-10-23

Invoice Date: 10/23/2025

Item(s) Provided:	Price
Manual Wheelchair - 18" (SF)	\$300.00
Manual Wheelchair Seat Gel Cushion (18x16x2.5)	\$50.00
Subtotal:	

Manager Discount 20%, Free Delivery, Free Installation.

Tax: Sales Tax Exemption Certificate

Total Amount Due:

Payment Terms:

- Purchase order send to Advanced Medical Supply

Address: 3322 N Milwaukee Avenue, Chicago, IL 60641

Authorized Signature: _____

Name/Title: _____

Date: _____

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Quote for Durable Medical Equipment

Invoice To: University of Illinois Chicago

Invoice Number: INV-2025-10-23

Invoice Date: 10/23/2025

Patient:

Date of Birth:

MRN:

Delivery Address:

Item(s) Provided:	Price
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