

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-2025-10-14

Invoice Date: 10/14/2025

Patient: GABRIEL GONZALEZ Date of Birth: 02/16/1974 MRN: 200965227 Delivery Address: 809 S MARSHFIELD 9MC 732 CHICAGO, IL 60612	
Item(s) Provided:	Price
Hospital bed Package (Included Full size Rails and Mattress)	\$1050.00
Alternating Air Pressure overlay	\$135.00
Patient Hydraulic/Hoyer Lift	\$700.00
Patient Hoyer lift Sling L	\$75.00
Manual Wheelchair - 18" (SF)	\$300.00
Manual Wheelchair Seat Gel Cushion (18x16x2.5)	\$50.00
Subtotal:	\$2310.00

Manager Discount 20%, Free Delivery, Free Installation.

Tax: Sales Tax Exemption Certificate

Total Amount Due: \$1,848.00

Payment Terms:

- Purchase order send to Advanced Medical Supply

Address: 3322 N Milwaukee Avenue, Chicago, IL 60641

Authorized Signature: _____

Name/Title: _____

Date: _____