

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: _____