

## **GT** health system

4599 Oakmound Drive Chicago, IL 60607 Order Date:02-Dec-2021

Status: Unpaid

## Bill to: yyyyy uuuuuu

#	Item	Amount
1	Item1	\$ 100
2	Item2	\$ 200
3	Item5	\$ 500
4	Item3	\$ 300
	Total Amount	\$ 1100
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