

STATEMENT OF ACCOUNT

Billing Queries: Remittance@healthsourcenz.co.nz

Kelly Alexandra Roe
Flat 5 , Shed 20
Princes Wharf, 129 Queen Street
Auckland 1010
New Zealand

Auckland District Health Board
Private Bag 92801
Penrose
Auckland 1642
New Zealand
NZBN: 9429000097895

Customer No. KEAR001 **Statement Date** 31-MAY-22 **Page 1 of 1**

Date	Description	Reference	Debit	Credit	Balance
07-SEP-21	Invoice	6337143	5,616.50		5,616.50
22-FEB-22	Invoice	6338496	4,750.00		4,750.00
				Total	10,366.50

3 Months & Over	2 Months	1 Month	Current	Balance Due
10,366.50	0.00	0.00	0.00	10,366.50

For Credit Card Payments please detach here and return with your Payment
Please disregard this statement if paid after 31-MAY-22

Remit From Kelly Alexandra Roe
Flat 5 , Shed 20
Princes Wharf, 129 Queen Street
Auckland 1010
New Zealand

Customer No. KEAR001
Bill-To Location 688214
Date 31-MAY-22

Balance Due 10,366.50

Remit To Accounts Receivable
Auckland District Health Board
Private Bag 92801
Penrose
Auckland 1642
New Zealand
NZBN: 9429000097895

Bill Payment: Auckland District Health Board

Bank: Bank of New Zealand Card Payment ☐ Visa ☐ Mastercard ☐ AMEX

Branch: Willis Street, Wellington

Account: 02-0500-0416029-00

SWIFT: BKNZ22

Amount: _____ Card No. _____

Expiry ____ / ____ Signature _____