



# INVOICE

Invoice:  
Invoice Date:  
Page:

ADM094167B  
1/6/2017  
1 of 1

Please Remit To:

WINN-DIXIE STORES, INC.  
PO BOX 850001  
Orlando FL 32885-0230

Bill To:

ADAMS RESPIRATORY  
NONE  
300 HORIZON DRIVE  
SUWANNEE GA 30024  
United States

AP Vendor Number:  
Customer No:  
Payment Terms:  
Due Date:

0000774144  
17700006105  
NET14  
1/20/2017

**AMOUNT DUE: 36.00 USD**

Amount Remitted

Line	Description	Quantity	Unit Amt	Net Amount
1		1.00	36.00	36.00

Subtotal: 36.00

**AMOUNT DUE: 36.00USD**

7000061055% ADMIN FEE FOR INVOICE SCAN-000454063B

For billing questions, please call: (904)783-5000