

## **INVOICE**

ADM094168B Invoice: **Invoice Date:** 1/6/2017 Page: 1 of

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: 0000774144 Customer No: 17700006105 Payment Terms: Due Date:

**AMOUNT DUE:** 24.05 USD

NET14

1/20/2017

**Amount Remitted** 

Line	Description	Quantity	Unit Amt	Net Amount
1		1.00	24.05	24.05
			Subtotal:	24.05
			AMOUNT DUE:	24.05USD

7000061055% ADMIN FEE FOR INVOICE DISC-000454282B

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