

ROSE PETAL CLINIC

4117 Cedarstone Drive, Amherst, NH, 03031

INVOICE

Christopher Olson

Invoice No: INV668264

E: christopher.olson@gmail.com

248-294-2049

Date: 2005-11-10

Due Date: 2005-12-10

Description	Code	Total
Vaccination Booster	VB08	\$55.00
Urine Test	UT01	\$40.00
Vaccination	VAX9	\$50.00
Subtotal:		\$145.00
Tax (X%)		4.5%
Total:		\$151.53

Thank you for choosing Rose Petal Clinic.

For any questions regarding this invoice, please contact (123) 456-7890 or info@rosepetalclinic.org.

Address: 4117 Cedarstone Drive, Amherst NH, 03031

Phone Number: (123) 456-7890

Email: info@rosepetalclinic.org

Website: www.rosepetalclinic.org