

FEIN: 43-1742718

SIGMA-ALDRICH®3050 SPRUCE STREET
ST. LOUIS, MO 63103**Information****For Credit & Collection inquiries, please contact:**Accounts Receivable 800-359-0685
sigmaar@sial.com**All other inquiries, please contact:**Customer Support 800-325-3010
custserv@sial.com
Technical Service 800-325-5832
techserv@sial.com
Phone collect worldwide 314-771-5750**ORIGINAL INVOICE**

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INVOICE NUMBER

555082523

INVOICE DATE

11/04/2021

TERMS / DUE DATE

CREDIT CARD 11/04/2021

TOTAL AMOUNT DUE

\$0.00 USD

SOLD TO CUSTOMER NUMBER

50246293

PURCHASE ORDER NUMBER

PO-00001738

INTERNAL ORDER NUMBER

3028194567

BILL TO9683: 1/1: 9684 (DI)
555082523FLUENT BIOSCIENCES
15 PALMER ST
WATERTOWN MA 02472-2757**SHIP TO**FLUENT BIOSCIENCES
Cam LaJeunesse
SUITE 140
200 DEXTER AVE
WATERTOWN MA 02472**REMIT PAYMENT TO**SIGMA-ALDRICH INC.
P O BOX 535182
ATLANTA, GA 30353-5182
All remittances must include the invoice number

CONTACT: Sepehr Kiani

857-600-0736

Material No. Batch No.	Description HTS Code / Country of Origin / Ship To Customer No.	Shipped from Routing	Delivery No. Box No.	Quantity	UOM	Unit Price	Extended Price
B6917-5X100MG	BOVINE SERUM ALBUMIN, LYOPHILIZED POWDER / US / 50288329	ALLEN TOWN FEDEX GR	870003950	1	EA	770.00	770.00
	Sub Total						770.00
	Trans / Handling						44.23
	Total Tax						48.13
	Amount Charged to Credit Card Number XXXXXXXX****6617						862.36
	Total Amount Due						\$0.00
Visit www.sigmaaldrich.com/ebill to: - Sign-up or request a sample for email invoicing - Search for paperless Credit Card invoices							
							FCA

ALL SALES ARE EXPRESSLY LIMITED TO AND CONDITIONED UPON
THE TERMS AND CONDITIONS APPEARING ON THE FRONT AND
BACK OF THIS ORIGINAL INVOICE.

Invoice No.	Sub Total	Trans/Handling	Total Tax	Total Amount Due
555082523	770.00	44.23	48.13	\$0.00 USD

Enabling Science to Improve the Quality of Life.

The Sigma-Aldrich Group

SIGMA®**ALDRICH®****SUPELCO®****SAFC®***To ensure proper postings of your payments, please indicate invoice numbers on your payment advice & mail it to the remittance address indicated. Thank You.*