



# Rx Fair

We help pharmacies save money

## RxFair Labs, Inc.

325 9th St, San Francisco,

CA 94103

customerCare@RxFair.com

**INVOICE TO :**

**Pharmacy Test**

Date of Invoice : 12/21/2019

Due Date : 1/20/2020

**INVOICE NO : 637125299407740085**

No.	Distributor	Over Night	Shipping	Order Total
1	Distributor bbh	0.00	25.00	\$ 390.00
	Medicine	Quantity Price		
	Distributor_QA_AK-Poly-Bac4	1	390.00	

## Thank You!

**GRAND TOTAL**

**\$ 415.00**

Invoice was created on a computer and is valid without the signature and seal.