

**Customer:** 8667017690

**Name:** Jennifer Harrison MD

**Address:**

171 Harrison Avenue Apt. 268

Michaelport, Louisiana 06593

**Home Phone:** 001-635-315-6956x827

**Invoice #: INV-8P9TM-86**  
**Transaction ID: Z53254135890**

**Generated On:** 2023-04-20T21:31:16Z

**Invoice Status:** Paid

**Payment Date:** 2023-03-16

Item 1	\$27.72
Item 2	\$2.75
Item 3	\$4,904.50
Total	4934.97