

**Customer:** 3866331935

**Name:** Erin Carpenter DDS

**Address:**

6347 Julia Islands Apt. 897

Port Daniel, Delaware 33606

**Home Phone:** 762.616.9066

**Invoice #: INV-7F5BG-61**  
**Transaction ID: H17534297421**

**Generated On:** 2023-05-22T13:08:29Z

**Invoice Status:** Paid

**Payment Date:** 2023-04-07

Item 1	\$2,948.31
Item 2	\$8.70
Item 3	\$96,898.39
Total	99855.4