

**Customer:** 3694241366  
**Name:** Joseph Burch MD  
**Address:**  
649 Navarro Coves Suite 411  
East Robert, Delaware 69165  
**Home Phone:** 291.485.3657x885

**Invoice #: INV-9A5QF-78**  
**Transaction ID: D57842454525**

**Generated On:** 2023-02-23T19:20:47Z  
**Invoice Status:** Paid  
**Payment Date:** 2023-02-04

Item 1	\$90,291.13
Item 2	\$5.94
Item 3	\$1.77
Total	90298.84