



Test Monroe County
123 Fake St
Rochester, NY 12345
123-123-1234

INVOICE

Date	Invoice #	Due Date
3/20/2019	TESTI2019-0001	3/19/2019
Test Company: Wayne County Health Department		

Bill To
Wayne County Coroner Attn: County Administrator's Office 26 Church St. Lyons, NY 14489

Test Facility

Data	The Item	Item Details	Qty	Price	Total
	Aerobic Isolate	Aerobic Isolate, Add Methods	3	\$11.00	\$33.00
	Antihistamines	Antihistamines: screen and confirmation		\$140.00	\$140.00
		DISCOUNT		-10%	\$-14.00
	Barbiturates	Barbiturates: screen and confirmation - blood		\$140.00	\$140.00
	Opiate Screen	Opiate: screen (LC/MS/MS)		\$100.00	\$100.00
		DISCOUNT		-10%	\$-10.00
Total: \$389.00					

Failure to remit payment by the due date will result in a late fee added to your balance due.

Late fees are \$50 if your balance due is \$100 or more; or \$25 if your balance due is under \$100.

TO PROPERLY CREDIT YOUR ACCOUNT, PLEASE SEND IN THIS PAYMENT SLIP WITH YOUR PAYMENT
 PAY ONLINE: <https://ehpermits.monroecounty.gov/dev/pay> QUESTIONS/PAY BY PHONE: 123-123-1234
 Make checks payable to: Monroe County Department of Public Health

Test Customer: Wayne County Health Department
 Demo Facility:
 Invoice #: TESTI2019-0001

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 Attn: County Administrator's Office
 26 Church St.
 Lyons, NY 14489

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 123 Fake St
 Rochester, NY 12345

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