

# Invoice

**INVOICE Number:** INV-1027

## From

**Gary Watt .**  
795 Folsom Ave, Suite 600  
Dallas, CA 94107  
Phone: 4696 558  
Email: gary@pcrealms.com

## To

**TEAM HANDED  
CORPORATION**  
2700 Shannon ST  
BERKELEY, CA 94107  
Phone: 5105407878  
Email:  
david@patientscarecollective.com

## Invoice Items

Qty	Product	Unit Price	Discount	Adjust Total	Description
1	Grape	3	0	3	<a href="#">coa1.pdf</a>

## Signature

We don't have your  
signature yet.

**Subtotal:** \$3

**Tax (9.3%)** \$0.279

**Shipping:** \$5.8

**Total:** **\$9.079**



