

Hamilton Memorial Hospital Kent Mitchell PO Box 429 McLeansboro, IL 62859

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Invoice

5/10/2018

Invoice #: 2069

Terms: Net 30

| Description | Rate | Quantity | Amount |
|---|--------|------------------------|--------|
| Billing for April 2018. Please see attached spreadsheet for a detailed breakdown of your savings. | 811.63 | | 811.63 |
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| | | Total Invoice \$811.63 | |