604 W. Franklin Street Boise, ID 83702

Invoice

Invoice Date:	Invoice #:
10/11/2018	2242

Bill To:	
Hamilton Memorial Hospital PO Box 429 McLeansboro, IL 62859	

Terms	Due Date:
Net 30	11/10/2018

Balance Due

\$1,017.50

Description	Rate	Quantity	Amount
Billing for September 2018. Please see attached spreadsheet for a detailed breakdown of your savings.	1,017.50		1,017.50
		Total	\$1,017.50
		Payments/Credi	ts \$0.00