



INVOICE

Jubilant HollisterStier LLC
PO Box 3145
Spokane WA 99220
Customer Service 800-495-7437

INVOICE DATE	PAGE	OF	INVOICE NO.
05/09/2024	1	2	91922629
DATE ORDER RECEIVED	05/08/2024		
PURCHASE ORDER NO.	330022888		
TRACKING NO.	728417906755		

REMITTANCE INFORMATION BELOW

BILL TO:

Deaconess Clinic
600 Mary Street
Evansville IN US 47747

SHIP TO:

Deaconess Clinic
2214 N Fares Ave
Evansville IN US 47711

PAY INVOICE ONLINE <https://orders.hsallergy.com>

CUSTOMER NUMBER	JHS ORDER NO.	INVOICE NO.	TERMS
24657200	534617	91922629	Net 30 days from invoice date

ITEM NO.	DESCRIPTION	U/M	QTY SHIPPED	UNIT PRICE	AMOUNT
6784PG3	**FOR CUSTOMER SERVICE OR** ** TO ORDER CALL 800.495.7437* Pick List# 0081049148 EACH ITEM CONFIRMED ALL ITEMS NON RETURNABLE Wasp 5D FG (US) WASP VENOM B2300036	EA	10	225.00	2,250.00
6786PK	5-DOSE BULK 1650MCG 5%MANNITOL MIXED VESPID VENOM B2300037 TAXES	EA	5	362.70	1,813.50



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	FREIGHT				

SHIPPING ERRORS MUST BE REPORTED WITHIN 7 DAYS AFTER RECEIPT OF MERCHANDISE.
ITEMS MAY NOT BE RETURNED FOR CREDIT OR EXCHANGE WITHOUT PRIOR WRITTEN AUTHORIZATION, WHICH MUST ACCOMPANY ALL RETURNED GOODS.

NET SALES AMOUNT	MISCELLANEOUS CHARGES	IN TAXES		TERMS DISCOUNT	AMOUNT DUE
4,063.50	0.00	State	0.00	0.00	4,063.50
		County	0.00		
		City	0.00		
		Local	0.00		

Please remit to:
Jubilant HollisterStier LLC
14110 Collections Center Drive
Chicago, IL 60693-0141

PLEASE RETURN THIS STUB WITH REMITTANCE

BILL TO	TELEPHONE
Deaconess Clinic 600 Mary Street Evansville, IN 47747	812-450-0744
PURCHASE ORDER NUMBER	JHS ORDER NO.
330022888	534617

Jubilant HollisterStier LLC
14110 Collections Center Drive
Chicago, IL 60693-0141

CUSTOMER	INVOICE NO.	INVOICE DATE	TERMS DISCOUNT	TERMS	AMOUNT DUE
24657200	91922629	05/09/2024	0.00	Net 30 days from invoice date	4,063.50