

# Purchase Order Invoice Example

PO# 69342

*T. Spivey*

## StenoMed, Inc.

Accounts Receivable  
8504 N. 128th E. Ave.  
Owasso, OK 74055

## Invoice

| DATE     | INVOICE# |
|----------|----------|
| 3/3/2016 | 19427    |

**OUHSC Department of Urology**  
920 S. L. Young Blvd., WP3150  
Oklahoma City, OK 73104

### StenoMed, Inc. Corporate Office

405-324-0527

For account inquiries contact Mary Sadler, EA, at  
mary@kcampbellcpa.com

For other correspondence contact Sherri Randell at  
srandell@stenomed.com

**Thank you for choosing StenoMed for your transcription needs!**

| P.O. NO. | TERMS          |
|----------|----------------|
|          | Due on receipt |

| LINES | DESCRIPTION      | U/M | RATE         | AMOUNT          |
|-------|------------------|-----|--------------|-----------------|
| 2,106 | Bob D. Smith, MD |     | 0.11         | L1-D1 231.66    |
| 2,359 | Sally Brown, MD  |     | 0.11         | L2-D2 259.49    |
| 221   | Sue Allen, MD    |     | 0.11         | L3-D1 24.31     |
| 697   | Tom Wilson, MD   |     | 0.11         | L1-D2 76.67     |
| 81    | John Watson, MD  |     | 0.11         | L3-D2 8.91      |
|       |                  |     | <b>Total</b> | <b>\$601.04</b> |

02/18/16 - 03/02/16 Transcription Dates