

Clinical Laboratory of San Bernardino, Inc.

Post Office Box 329
San Bernardino, CA 92402
(909) 825-7693
Fax (909) 825-7696

Invoice

Invoice Date	Invoice Number
2/5/2018	18A1729

Bill Hurst
5587 West Camino Ciello
Santa Barbara, CA 93105

Purchase Order No.	Terms :	DUE DATE
	Upon Receipt	2/5/2018

Date	Description of Samples	Quantity	Unit Price	Extended Price
01/18/18	General Mineral 18A1729	4	125.00	500.00
	Manganese Dissolved	4	20.00	80.00
	Iron Dissolved	4	20.00	80.00
	Zinc Dissolved	4	20.00	80.00
	Cadmium Dissolved	4	20.00	80.00
	Magnesium Dissolved	4	20.00	80.00
	INVOICE MUST BE PAID BEFORE RESULTS ARE MAILED.			

Total	\$900.00
--------------	-----------------

Should you have any questions regarding invoice please contact Teresa Rivas

Clinical Laboratory of San Bernardino, Inc.

Post Office Box 329
San Bernardino, CA 92402
(909) 825-7693
Fax (909) 825-7696

Statement

Date

9/6/2018

Bill Hurst
5587 West Camino Ciello
Santa Barbara, CA 93105

Terms	Amount Due
Upon Receipt	\$0.00

Date	Invoice Number	Amount of Invoice	Balance Due
01/31/2018	Balance forward		0.00
02/05/2018	INV #18A1729.	900.00	900.00
02/21/2018	PMT #74966105.	-900.00	0.00
09/06/2018	Amount Due		0.00

Should you have any questions regarding this Statement please contact Teresa