

INVOICE



CONNECTICUT LABOR LAW POSTER SERVICE
41 CROSSROADS PLZ # 142
WEST HARTFORD, CT 06117-2402

PHONE: 860-201-0422
FAX: 888-442-4144
TAX ID# 83-2290181

BILL TO:

JOANN ROBINSON
SHARON HOSPITAL
PO BOX 789 50 HOSPITAL HILL RD
SHARON, CT 06069

SHIP TO:

JOANN ROBINSON
SHARON HOSPITAL
PO BOX 789 50 HOSPITAL HILL RD
SHARON, CT 06069

CUSTOMER ID#		CUST. P.O. #	ORDER #	INVOICE DATE	TERMS	DUE DATE
69233690			2346179	08-12-2020	NET 15	08-27-2020
Qty	Product Description			Unit Price	Product Total	
1	2021 3 Year Plan-CT			\$268.50	\$268.50	
			SALES TAX:	0.00 %	\$0.00	
			SUB TOTAL:		\$268.50	
SHIPPING METHOD:	USPS	SHIPPING:			\$0.00	
AMOUNT CREDITED:	\$268.50	ORDER TOTAL:			\$268.50	
PAYMENT METHOD:	Bill In Full	TOTAL DUE ON 08-27-2020:			\$0.00	

Please detach here and return this portion with your payment

JOANN ROBINSON
SHARON HOSPITAL
PO BOX 789 50 HOSPITAL HILL RD
SHARON, CT 06069
PHONE: 860-364-4491

ORDER #	DUE DATE
2346179	08-27-2020

TOTAL DUE:	\$0.00
------------	--------

AMOUNT ENCLOSED	
-----------------	--

Mail payment to:



CONNECTICUT LABOR LAW POSTER SERVICE
41 CROSSROADS PLZ # 142
WEST HARTFORD, CT 06117-2402

**Please include the order
number on your check**