

TAX ID# 83-2290181

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

<b>ORDER #</b>	<b>DUE DATE</b>
<b>2346179</b>	<b>08-27-2020</b>

<b>TOTAL DUE:</b>	<b>\$0.00</b>
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AMOUNT ENCLOSED	
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Mail payment to:



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

PHONE: 860-201-0422      FAX: 888-442-4144