

INVOICE



FLORIDA LABOR LAW POSTER SERVICE
400 CAPITAL CIR SE STE 18 # 309
TALLAHASSEE, FL 32301-3839

PHONE: 850-298-8729
FAX: 888-442-4144
TAX ID# 83-2290181

BILL TO:

ANNE GOOCH
ENCOMPASS HEALTH
1675 RIGGINS RD
TALLAHASSEE, FL 32308-5315

SHIP TO:

ANNE GOOCH
ENCOMPASS HEALTH
1675 RIGGINS RD
TALLAHASSEE, FL 32308-5315

CUSTOMER ID#		CUST. P.O. #	ORDER #	INVOICE DATE	TERMS	DUE DATE
877205526			2535225	10-27-2023	NET 15	11-11-2023
Qty	Product Description			Unit Price	Product Total	
2	2024 3 Year Plan-FL			\$278.50	\$557.00	
4	Discount			-\$10.00	-\$40.00	
				SALES TAX: 0.00 %	\$0.00	
				SUB TOTAL: \$517.00	\$517.00	
SHIPPING METHOD:	USPS		SHIPPING:			\$0.00
AMOUNT CREDITED:	\$517.00		ORDER TOTAL:			\$517.00
PAYMENT METHOD:	Credit Card		TOTAL DUE ON 11-11-2023:			\$0.00

Please detach here and return this portion with your payment

ANNE GOOCH
ENCOMPASS HEALTH
1675 RIGGINS RD
TALLAHASSEE, FL 32308-5315
PHONE: 850-656-4805

ORDER #	DUe DATE
2535225	11-11-2023

TOTAL DUE: **\$0.00**

AMOUNT ENCLOSED

Mail payment to:



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