

## **Invoice**

Date	Invoice #			
9/3/2024	2411			

Bill To

Blair Medical Group c/o M. Dewitt 2706 NE 148th St Vancourver, WA 98686 Ship To

400 7th Ave Indialantic, FL 32903-4338

United States kate@tmidigital.co

P.O. No.	Terms	FOB
	Net 30	

Description	S.O. No.	Ordered	Invoiced	Backor	Lot Nu	U/M	Rate	Amount
Beta Caryophyllene for Abledoc's Apothecary	1816	50	50	0	2402R	ea	14.00	700.00
Apothecary Shipping and Handling	1816	1	1				41.00	41.00

Terms and Conditions apply and are accepted with customer order or payment. Unless otherwise stated on this invoice, no insurance, above carrier standard, will be extended on shipments. Credit card payments will be charged a 3.4% processing fee. https://puffinhemp.com/tac

**Total** \$741.00

Payments/Credits -\$741.00

**Balance Due** \$0.00