

Invoice

Date	Invoice #				
10/9/2024	2437				

Bill To

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

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

			ſ	P.O. No.		Terms		FOB	
			Γ			Net 3	Net 30		
Description	S.O. No.	Ordered	Invoiced	Backor	Lot Nu.	U/M	Rate		Amount
Beta Caryophyllene for Abledoc's Apothecary	1820	50	5	0 () 2402R	ea	1	14.00	700.00
Used to Invoice customers for the Shipping and Handling of products	1820	1		1			5	50.00	50.00
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					То	Total \$750.00			
					Pa	Payments/Credits \$0.0			
						Balance Due \$750.00			