

HealthStream.

Invoice

Remit To
HealthStream, Inc.
PO Box 102817
Atlanta, GA 30368-2817

Date 11/6/2019
Invoice # 0178092
Terms Net 30
Due Date 12/6/2019
PO #
Order Number ORD-0451366
Memo

Bill To
Natividad Medical Center
Attn: Accounts Payable
PO Box 81611
Salinas CA 93912-1611
United States

Billing Type	Product / Service	Quantity	Tax Rate	Amount								
Monthly	HealthStream Video	1,500	0.0%	978.75								
<div data-bbox="558 821 919 1108" data-label="Form"> <table border="1"> <tr> <td>Purchase Order #</td> <td>PO 22301</td> </tr> <tr> <td>Dept. / Sub Account</td> <td>8740 / 860</td> </tr> <tr> <td>Mgr. Authorization</td> <td><i>[Signature]</i></td> </tr> <tr> <td>Date:</td> <td>11/13/2019</td> </tr> </table> </div> <div data-bbox="933 945 1031 1029" data-label="Text"> <p>Ln 6</p> </div> <div data-bbox="634 1188 859 1291" data-label="Text"> <p>Rcvd by NMC AP NOV 06 2019</p> </div> <div data-bbox="652 1369 878 1474" data-label="Text"> <p>Rcvd by NMC AP NOV 18 2019</p> </div> <div data-bbox="571 1535 924 1587" data-label="Text"> <p>ENTERED NOV 18 2019</p> </div>					Purchase Order #	PO 22301	Dept. / Sub Account	8740 / 860	Mgr. Authorization	<i>[Signature]</i>	Date:	11/13/2019
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Dept. / Sub Account	8740 / 860											
Mgr. Authorization	<i>[Signature]</i>											
Date:	11/13/2019											

Total 978.75
Amount Due \$978.75

PLEASE NOTE:

- Always reference invoice numbers on payment remittances.
- A finance charge of 1.5% per month may be assessed if this invoice is not paid in full by the due date shown above.
- For questions concerning this invoice, email AccountsReceivable@HealthStream.com.