

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

Purchase Order #
00 22301

Dept. / Sub Account
8740 / 860

Mgr. Authorization
[Signature]

Date:
11/13/2019

Ln 6

Rcvd by NMC AP
NOV 06 2019

Rcvd by NMC AP
NOV 18 2019

ENTERED NOV 18 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.