

SERVICE INVOICE



REMIT INVOICE # 5502772
 INVOICE DATE 29-OCT-2012
 PO # EPO405
 GE Sales reg 0690
 CUSTOMER # 129978
 GE REFERENCE# 0690-032-821383-00

Remit To:
GE HEALTHCARE
 P.O. Box 843553
 DALLAS, TX - 75284-3553
 Amount Due (US DOLLAR):
USD 12,985.13
 Payment Term:
NET 30
 Billing Inquiry: PH# 1-800-368-7102

SOLD TO:
 NATIVIDAD MEDICAL CENTER
 1441 CONSTITUTION BLVD
 SALINAS CA 93912-1611

SHIP TO
 NATIVIDAD MEDICAL CENTER
 1441 CONSTITUTION BLVD
 SALINAS CA 93912

To ensure proper credit - Detach and return above portion with payment

Please do not staple or fold



SERVICE INVOICE

PO # EPO405	REMIT INV # 5502772	INVOICE DATE : 29-OCT-2012	AMOUNT DUE : USD 12,985.13
CUSTOMER NAME: NATIVIDAD MEDICAL CENTER			CUSTOMER # : 129978
GE B/A NUMBER: 690190366	PAYMENT TERM: NET 30		CONTRACT # :
GE REFERENCE # : 0690-032-821383-00			MODALITY :
EQUIP MFG TYPE: PI	COST CENTER:	SERVICE AREA : H511	
FE BADGE : 64463	FE NAME : M A SEANEZ	SERV MANAGER : S D BYNUM	

Quantity	DESCRIPTION	EXTENDED PRICE												
	<p>THIS INVOICE REFLECTS GE'S CURRENT HBS RATE STRUCTURE. THANK YOU FOR YOUR BUSINESS. SERVICE DISPATCH: 0690-054059 SERVICE COMPLETED: 10-22-12 ROOM NUMBER: PICKER EQUIP TYPE: MVS XRAY R&F SERVICE AREA: H511 SVC MGR: S D BYNUM SYSTEM ID: 831755PICKER1 AUTH BY: MARK IN RADIOLOGY</p> <p>REPAIR CALIBRATION: X-RAY TUBE NOISEY OR VIBRATING PART MAINTENANCE I REPLACED THE TUBE AND TESTED.</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 25%;">HOURS CHARGED</td> <td style="width: 25%;">LABOR</td> <td style="width: 25%;">TRAVEL</td> <td style="width: 25%;">T & L EXPENSE</td> </tr> <tr> <td>STANDARD</td> <td>6.0</td> <td>2.0</td> <td>.00</td> </tr> <tr> <td>OVERTIME</td> <td>.0</td> <td>.0</td> <td></td> </tr> </table>	HOURS CHARGED	LABOR	TRAVEL	T & L EXPENSE	STANDARD	6.0	2.0	.00	OVERTIME	.0	.0		2,264.00
HOURS CHARGED	LABOR	TRAVEL	T & L EXPENSE											
STANDARD	6.0	2.0	.00											
OVERTIME	.0	.0												
1	2266561 X-RAY TUBE	9,950.00												

SPECIAL NOTES

- The following National Holidays and associated days are billable at GEHC current holiday hourly rates.
 New Year's Day; Memorial Day; July 3rd & July 4th; Labor Day; Veteran's Day; Thanksgiving Thursday and Friday;
 Christmas Eve Day; and Christmas Day. This schedule is subject to adjustment in years in which any of the
 foregoing dates falls on a weekend.
- GE Healthcare requires 30-days prior notification for any changes to diagnostic imaging contracts.
 For questions or modifications to your contract, please contact 1-866-GE-BILLS.

Include This Remit Invoice For Proper Credit: 5502772 **SALES TAX USD 771.13**
 Direct Your Questions On This Invoice : Phone # 1-800-368-7102 **INVOICE TOTAL AMOUNT USD 12,985.13**

Goods and services or reimbursements associated with the ordered products or services and provided under contract without separately identified charges constitute discounts or other reductions in price under applicable federal law. It is the customer's responsibility to disclose such discounts or other reductions in price in the manner required under state or federal program which provides reimbursement to the customer for or related to the products or services under the contract.