



UNIVERSITY OF NEBRASKA
MEDICAL CENTER

Accounts Receivable
985045 Nebraska Medical Center
Omaha, NE 68198-5045

Bill To: Arthrex Incorporated
Attn: Ashley Willobee
1370 Creekside Blvd.
Naples, FL 34110
United States

INVOICE

Invoice: 0060000277
Invoice Date: 07/31/2013
Customer No: 385981
Payment Terms: NET 30
Due Date: 08/30/2013
Reference: 2012-001

Amount Due: \$67,000.00 USD

Original

Line	Description	Quantity	UOM	Taxable	Unit Amount	Net Amount
1	Completion of Tests per contract	1	USD		\$33,000.00	\$33,000.00
2	Completion of Final Report per contract	1	USD		\$34,000.00	\$34,000.00
Subtotal						\$67,000.00
Sales Tax						\$0.00
Service Charge						\$0.00
Amount Due						\$67,000.00

Please Remit to:
UNMC
Accounts Receivable
985045 Nebraska Medical Center
Omaha, NE 68198-5045

ACH Information
Routing Number: 021052053
Account Number: 99653301
Account Type: Checking

Contact Information
Billing Questions: 402-559-5825
Accounts Receivable Phone: (402) 559-5828
Accounts Receivable Fax: (402) 559-2978
Email: accountsreceivable@unmc.edu

Please detach and return with payment



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MEDICAL CENTER

Invoice Date: 07/31/2013
Customer No: 385981
Invoice: 0060000277
Amount Due: \$67,000.00
Amount Enclosed: \$

☐ check here for address correction and enter below

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