

BILL FOR COLLECTION

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| Invoice | SUPINVOQ3428 |
| Date | 12/3/2004 |
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Remit Payment To:
 Oklahoma City Area Indian Health Service
 (405)951-3754
 P.O. Box 57568
 Oklahoma City, OK 73157-7568

Supplies & Services From:
 IHS National Supply Center
 1005 N. Country Club Road
 Ada, Oklahoma 74820-2598
 (888)948-1415 Ext. 117

Please return this Bill For Collection with Payment

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|-------------|---------------|------------|
| Customer ID | Payment Terms | Master No. |
| | Net 15 | |

| Item Number | Description | QTY | Unit Price | Ext. Price |
|-------------|-------------|-----|------------|------------|
| | | | | |

REMIT TO ADDRESS

Please return a copy of the Bill For Collection with your check or reference the Bill For Collection number on the check stub payable to the Oklahoma City Indian Health Service.

Instructions:

Payment should be submitted to the above address within (15) days from the date in the upper right-hand corner of the "Bill for Collection".

Payment may be made by United States postal money order, express money order, bank draft or check to the order of Indian Health Service.