



INVOICE

Invoice No:

Invoice Date:

**Please Remit To:**

Wake Forest University Health Sciences  
CERTL/Wake Problem-Based Learning  
Medical Center Blvd.  
Winston-Salem, NC 27157

**Customer Number:**

**Payment Terms:** Due on Receipt

**Due Date:**

**Bill To:**

**Amount Due:**

**\*Sales Tax Exempt #:** \_\_\_\_\_

\_\_\_\_\_  
**Customer email address**

\_\_\_\_\_  
**Amount Remitted**

**\*If you are a new customer, please provide us with your sales tax exempt letter**

For billing questions, please call 336-713-7723

Line	Identifier	Description	# Users	Quantity	UOM	Unit Amt	Net Amount
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- 1
- 2
- 3
- 4

**Subtotal:** \_\_\_\_\_

**Amount Due:** \_\_\_\_\_