Invoice Number

20091309

**Invoice Date** 

10/14/2009

**PO Number** 

**Contract Number** 

Remittance Address:

CH Diagnostic & Consulting Service, Inc. 512 5th Street
Berthoud, CO 80513
970-532-2078

Customer: 20011350

Meadow Mountain Water Attn: Accounts Payable

PO Box 162

Allenspark, CO 80510

Invoice Due Date: November 23, 2009 Please include Invoice number with payment. Unit Price Discount Description of Services Quantity **Amount** Payment Date: Check #: PAYMENT **Payment Total** 0.00% \$35.00 1 \$35.00 E. coli Analysis Invoice Total \$35.00 We appreciate your business! **Amount Due**