



# INVOICE

Customer Number	1175
Invoice Number	<b>10761</b>
Invoice Date	22-APR-2013
Due Date	DUE UPON RECEIPT
Terms	IMMEDIATE
Invoice Type	Invoice
Page	1 of 1

**REMIT TO:** National Marrow Donor Program  
NW 8428  
P.O. Box 1450  
55485-8428 Minneapolis MN  
United States

**Bill To:** IN6 - NARAYANA HRUDAYALAYA  
BANGALORE  
India

Receipient Name	ANVI PEDNEKAR
NMDP Receipient ID	1922429
Local Receipient ID	
Search Coordinator ID	
PO Number	

**PRICES ARE VALID FOR 60 DAYS FROM INVOICE DATE**

Service	Quantity	Unit Price	Activity Date	DID/CBU ID	Order Number	Country Code
Marrow Collection	1	\$ 38,715.00			10875902	D1

<b>Total Amount</b>	<b>\$ 38,715.00 (USD)</b>
---------------------	---------------------------

PAYMENT MUST BE MADE FOR THE FULL AMOUNT INVOICED, FREE OF BANK CHARGES, IN U.S. DOLLARS. A FINANCE CHARGE OF 1.5% PER MONTH (18%ANNUAL RATE) WILL BE ASSESSED ON OUTSTANDING BALANCES THAT ARE MORE THAN 60 DAYS OLD.