College Pharmacy
3505 Austin Bluffs Parkway
Suite 101
Colorado Springs, CO 80918

800-888-9358
1-719-262-0022

INVOICE

Date printed: December 20, 2023

Billing address	Shipping address
DR KYJUAN BROWN 7 NORTHSHORE ROAD DEVONSHIRE, BM DV01	DR KYJUAN BROWN 7 NORTHSHORE ROAD NORTHSHORE MEDICAL CENTER DEVONSHIRE, BM DV01

Account No. 130358
Phone (441)293-5476
Fax (441)295-7705

Date	Invoice/Ref. No./PO No.	Description	Charges	Credits
12/18/2023	INV. 370090	*CLOSED - CK THANK YOU!		
		Rx 02504042 DAHJI GRIMES on 12/18/2023		
		#30 ML HYDROXOCOBALAMIN PRES 30 MG/ML INJ	$438.30	
		Rx 02504055 DAHJI GRIMES on 12/18/2023		
		#4 ML METHYLCOBALAMIN PF 10 MG/ML INJ	$75.00	
		Rx 02498509 TOYA RAWLINS-ANDERSON on 12/18/2023		
		#20 ML LIPO-VITE INJECTION PRES 12.5MG/25MG/25MG/ML INJ	$85.00	
		RxT02485014 DR KYJUAN BROWN on 12/18/2023		
		#1 STERILE TESTING FEE 4-10 VIALS	$18.00	
		SHIP WEDNESDAY 12-20 PRIORITY OVERNIGHT ON ICE	$111.04	
		*RX CHARGED AUTH# 019844	($616.30)	
		Shipping & handling AUTH# 020746	($111.04)	

Invoice Total

Sterile Testing Surcharge (per vial) $12 /1-3/ $18 4-10/ $21 11-50/ $27 51-100/$45 101 or more

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Colorado Springs, CO 80918
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Commercial Invoice

12/20/2023	Export References (i.e. order no., invoice no., etc): 370090
Shipper/Exporter (complete name and address): COLLEGE PHARMACY 3505 AUSTIN BLUFFS PKWY SUITE 101 COLORADO SPRINGS, CO 80918	Recipient (complete name and address): DR KYJUAN BROWN 7 NORTHSHORE ROAD NORTHSHORE MEDICAL CENTER DEVONSHIRE, BERMUDA DV01
Country of export: USA	Importer- if other than recipient (complete name and address):
Country of manufacture: USA	
Country of ultimate destination: BERMUDA	
Federal Express International Air Waybill Number 711456357810	Currency: US DOLLAR

Marks/Nos	No. of pkgs	Type of packaging	Full Description of goods	Qty	Units of measure	Weight	Unit value	Total Value
	1	BOX	/HYDROXOCOBALAMIN PRES 30MG/ML INJ/3 X 10ML//	30	ML	2.8 OZ	14.60	438.30
			METHYLCOBALAMIN PF 10MG/ML INJ/4 X 1ML//	4	ML	1.6 OZ	18.75	75.00
			LIPO-VITE INJECTION PRES 12.5MG/25MG/25MG/ML INJ/2 X 10ML//	20	ML	2.1OZ	4.25	85.00
	Total Pkgs 1					Total Weight 6.5 OZ		Total Value 598.30

I declare all the information contained in this invoice to be true and correct

Signature of shipper/exporter (type name and title and sign) Date:

CHRISTINE WOOD Christine Wood 12/20/2023 12-20-23

Check One
X FOB
C&F
CIF