



CHP DEAN'S OFFICE

1845 FAIRMOUNT ST BOX 43

WICHITA, KS 67260-0043

## INVOICE

**INVOICE DATE** INVOICE NUMBER **CUSTOMER NUMBER** 

12/31/2019 4009077312 2069525

Site & Purchase Order Info on Reverse Page

For billing, scheduling or customer service: (866) 783-7422

Hours: (Mon - Fri) 8:00 AM - 5:00 PM CustomerCare@Stericycle.com

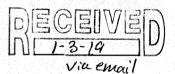
## ACCOUNT SUMMARY

AMOUNT TOTAL **PREVIOUS BALANCE** \$17.00 **CURRENT ADJUSTMENTS** (\$17.00) Thank You-Payment #058254 12/26/2019 (\$17.00)**CURRENT INVOICE CHARGES** (See Reverse Page For Details) \$17.00 **TOTAL ACCOUNT BALANCE DUE BY 01/30/2020** 

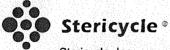
\$17.00

CERTIFICATION: The material listed on the manifest(s) (infectious medical waste) has been treated in accordance with the requirements of federal, state, and local regulations governing the treatment of such waste. A copy of this certificate, applicable manifests, and the appropriate logs will remain on file with the company. For customers in WI, this invoice also serves as a certification of destruction.

Account History	Pleas	e disregard if pa	yment has been	sent.	
Current	1 - 30 days Past Due	31 - 60 days Past Due	61 - 90 days Past Due	90+ days Past Due	Total Account Balance
\$17.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.00



PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE. TO ENSURE TIMELY POSTING OF YOUR PAYMENT, PLEASE ALLOW 5 DAYS FOR MAILING.



Stericycle, Inc. 4010 Commercial Ave. Northbrook, IL 60062

	INVOICE NUMBER INVOICE DATE CUSTOMER NUMBER
	4009077312 12/31/2019 2069525
	TOTAL ACCOUNT BALANCE DUE BY 01/30/2020 \$17.00
	TOTAL AMOUNT ENCLOSED   \$
1	22 (POT 87 E8

To pay your invoice with an electronic payment method please visit www.MyStericycle.com or call 866-783-7422.

To update your account information and more visit MyStericycle.com

0002069525 4009077312 0000001700 3 010008

======== ADDRESSEE: =========

========= REMIT TO: ==========

CHP DEAN'S OFFICE 1845 FAIRMOUNT ST **BOX 43** WICHITA, KS 67260-0043 STERICYCLE, INC. P.O. BOX 6575 CAROL STREAM, IL 60197-6575

STERICYCLE, INC

(866) 783-7422

CHP DEAN'S OFFICE

CUSTOMER #: 2069525

INVOICE #: 4009077312

PAGE: 2 of 2 INVOICE DATE: 12/31/2019

Site 001: Medical Laboratory Science, 1845 Fairmount St, WSU Ahlberg Hait 12/03/2019 MDWC000DBX 1.00 28 Gal Square Tub Disposal	all - Rm 107, Wichita, KS 67260-3146 21.00 lb \$17.000 EA
	21.00 10 417.000 EA
Site 001: SUB TOTAL Site 001: TAX TOTAL Site 001: TOTAL	
TOTAL CURRENT INVO	DICE CHARGES \$1