

INVOICE

Yale

Date September 12, 2020	Invoice Number CI-00106674
Payment Terms Upon Receipt	Due Date September 12, 2020

Contact: Morariu, Laura laura.morariu@yale.edu CC1033 MEDINT Occupational Medicine
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Bill To: CITY OF NEW HAVEN POLICEMEN & FIREMEN'S PENSION FUND 200 ORANGE ST RM 405 NEW HAVEN, CT 06510 United States of America

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Purchase Order Number	Header Memo	From Date	To Date	Customer ID
	disability/pension CERF exams	June 1, 2020	July 30, 2020	C-001692
Quantity	Sales Item	Item Description	Price Each	Amount
0		7 CERF employee exams and letters	0.00	2,800.00

Please detach bottom portion and return with your payment in the enclosed envelope

Yale

Net Amount Due	2,800.00
Tax	0.00
AMOUNT DUE:	USD 2,800.00

To pay your invoice via ACH/EFT

Account Name: Yale University AR
 Bank Name: Bank of America
 ABA Number: 011900571
 Account Number: 0050296726
 Invoice Number: CI-00106674

Please include the invoice number and mail check to:

Yale University Treasury Services
 P.O. Box. 208087
 New Haven, CT 06520-8087

To pay by credit card, or for courier delivery address, please call 203-737-5727.

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