

University of Kansas Medical Center
 Control and Reporting
 3901 Rainbow Boulevard
 Kansas City, KS 66160



INVOICE

controlandreporting@kumc.edu
 http://www.kumc.edu

Date	Invoice Number
07/16/2020	CI-00000287
Payment Terms	Due Date
Immediate	07/16/2020

Bill To:
 (C) UNIVERSITY OF IOWA
 105 JESSUP HALL
 IOWA CITY, IA 52247
 United States of America

Remit To:
 KU MED
 PO BOX 959123
 St. Louis, MO 63195-9123

Purchase Order Number	From Date	To Date	Customer ID	
	06/02/2020	07/24/2020	CID100711	
Quantity	Sales Item	Item Description	Price Each	Amount
0		NEXus Fee-10% of tuition for Summer 2020 for Student Name -NURS5036	0.00	259.50

Net Amount:	259.50
Tax	0.00
Total Invoice Amount	USD 259.50