



Healthcare User Group

INVOICE

Date: _____

Invoice # 2012-2013 HUG

Qty	Item Description	Amount Due
1	HUG Membership - June 2012 thru May 2013 Terms: Due upon receipt	\$ 250.00
TOTAL AMOUNT DUE		\$ 250.00

Please retain this copy for your records.

tear here

*Please complete only if you are **not** including the Membership Form with your payment*

Organization name: _____

Federal tax ID: _____

Phone Number: _____

Amount Enclosed:	\$ 250.00
------------------	-----------

Send to:

HUG Federal TIN: 02-0433794

Healthcare Users Group, Inc.
 Attn: Bruce Wegner, HUG Treasurer
 P. O. 3234
 Southfield, MI 48037