



# AquaLab

209 586-3400

P O BOX 356 - 18843 FIR DR

TWAIN HARTE CA 95383

# Invoice

Date	Invoice #
6/18/2020	19473

YOSEMITE ALPINE CSD  
P O BOX 31  
FISH CAMP CA 93623

P.O. No.

Serviced	Quantity	Description	Rate	Amount
5/12/2020	1	BacT	55.00	55.00
6/9/2020	1	BacT	55.00	55.00

THANK YOU !

**Total** \$110.00

**Payments/Credits** \$0.00

**Balance Due** \$110.00