

1-540 / 7045-1 54651



Invoice # 74617

PO Box 903  
New Providence, NJ 07974

Date: 1/2/2024

Invoice To:

ACCOUNTS PAYABLE  
CALIFORNIA SPECIALTY SURGERY CENTER  
26371 CROWN VALLEY PKWY  
MISSION VIEJO, CA 92691-6368

Account #	Subscription Term
TRAM1213-3016	Annual

Description	Price Each	Amount
SEN-2024 - Surgical Exchange Network 2024 Subscription	\$495.00	\$495.00

**User Name**  
TRAM1213-3016

**Password**  
SEN12110

**Total** \$495.00

REMITTANCE

ACCOUNTS PAYABLE  
CALIFORNIA SPECIALTY SURGERY  
CENTER  
26371 CROWN VALLEY PKWY  
MISSION VIEJO,  
CA 92691-6368

Date: 01/03/2023  
Invoice # 74617  
Account # TRAM1213-3016

AMOUNT ENCLOSED \$

Accounts Payable E-Mail Address: \_\_\_\_\_