



P.O. Box 948
West Plains, MO 65775

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membership@airmedcarenetwork.com

Invoice

City of Blue Ridge, GA
480 W 1st Street
Blue Ridge, GA 30513

For: AMCN Membership
Invoice #: 9236-05192016
Thursday, May 19, 2016

Quantity	Type	Dates	Amount
1	Municipal Site Membership	8/11/2016 to 8/11/2017	\$3,900.00
		Total Amount	\$3,900.00

Please make all checks payable to Air Med Care Network.

Mail to PO Box 948 West Plains, MO 65775

If you have any questions concerning this invoice, please contact

Jennifer Gallamore at 417-257-1697 or email jennifer.gallamore@amgh.us

