



D-U-N-S 09-4738007
FED. ID 58-2608861

District # 336
National Account Dept.
Westminster, MA 01441
800-299-4377, Option 2

INVOICE NO.
22955693

INVOICE DATE
06-02-22

CUSTOMER PO

CONTRACT #
70683881

MODIFIER
R02-SEP-2020

PAYMENT TERMS
NET 30

Bill To: 336-31710017

Grosse Pointe Medical Office Building
839 N Jefferson St
C/O Landmark Healthcare Facilities Ste
600
MILWAUKEE WI 53202-0000

Ship To: 321-31710016

Grosse Pointe Medical Office Building
16815 Jefferson Ave
Landmark Healthcare 6111
GROSSE POINTE MI 48230-0000

Requestors Name: Hounsell, Jack

CONTRACT DESCRIPTION	CONTRACT START DATE	CONTRACT END DATE
Grosse Pointe Medical Office Building-16815 Jefferson Av	01-JAN-21	31-DEC-23

INVOICE NOTES:

Total Contract Amount	-	\$18,570.00	Amount Of Current Invoice	-	\$157.67
			Sales Tax	-	\$0.00
			Total Amount Included	-	\$157.67
			Payment Received	-	\$0.00
Total Amount Due					\$157.67



REMITTANCE COPY

PLEASE TEAR OFF AND RETURN THIS PORTION WITH YOUR PAYMENT - WRITE INVOICE NO. ON YOUR CHECK

TOTAL AMOUNT DUE
\$157.67

BILL TO: Grosse Pointe Medical Office
336-31710017

INVOICE NUMBER: 22955693

SHIP TO: Grosse Pointe Medical Office
321-31710016

INVOICE DATE: 06-02-22

CUSTOMER P.O.:

REMIT TO: Johnson Controls Fire Protection LP
Dept. CH 10320
Palatine, IL 60055-0320

8000015767322955693



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National Account Dept.
Westminster, MA 01441
800-299-4377, Option 2

Johnson Controls Fire Protection LP

<i>INVOICE NO.</i>
22955693
<i>DATE OF INVOICE</i>
06-02-22

INVOICE CONTRACT DETAIL

<i>Service Plan Name</i>	<i>Billing Start Date</i>	<i>Billing End Date</i>	<i>Ship To Address</i>	<i>Covered Product</i>	<i>Qty</i>	<i>Description</i>	<i>Amount</i>
Extinguisher Test Inspect	01-JAN-22	31-DEC-22	16815 Jefferson Ave, Landmark Healthcare 6111, GROSSE POINTE, MI	SYSTEM-EX-EXTINGUISHERS	1	EXTINGUISHERS/PORTABLES SYSTEM	\$157.67