

# INVOICE

**To:**

Armenio Aguiar dos Santos  
Lab Escola Prof. Luiz Capelo  
Dept Fisiol Farmacol, UFC  
Caixa Postal 3157  
60.430-270 Fortaleza, Ce Brazil

**Date:** 7-7-2014

**Invoice no.:** MJA14070701

Page 1 of 1

Project No. (client project no.)	Service	Received	Completed	Filename (word count) / Description	Count	Rate (USD)	Total (USD)
MJA-E-14-062702 ( n/a )	Editing	6-27-2014	7-7-2014	10850-Revised.docx	3498	\$ 0.02	\$ 69.96

**Total Payable: USD\$ 69.96**  
(all pages)



**A PayPal request for payment has been sent to:**  
(if checked) **armenio.santos@gmail.com**

## REMITTANCE

Michael A. Arends  
1919 Bordeaux Terrace  
Chula Vista, California 91913 USA  
PayPal: [michaelarends@cox.net](mailto:michaelarends@cox.net)