## Indiana University BIOLOGY Accounts Receivable Statement As of 03/01/2024

Customer Name: WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH Customer Number: WHI17169

Invoice Date	Invoice Number	Document Description	Original Amount	Payments/ Credits Applied	Amount Due	Number of Days Old
10/19/23 11/30/23	93117147 93306543	DGRC 37576 DGRC 37660	\$110.48 \$68.09	\$0.00 \$0.00	\$110.48 \$68.09	134 92
		TOTAL	\$178.57	\$0.00	\$178.57	

Comment text entered on the IUIE report appears here

\_\_\_\_ Detach & Return Lower Portion with Payment

Aging Dates	0-30	31-60	61-90	90+
Amounts	\$0.00	\$0.00	\$0.00	\$178.57

## PLEASE MAKE CHECKS PAYABLE TO: INDIANA UNIVERSITY

Statement Date: 03/01/2024 Customer Number: WHI17169 Amount Due: \$178.57

> WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH 9 CAMBRDIGE CENTER CAMBRIDGE MA 02142

Remit To: INDIANA UNIV ACCTS RECEIVABLE DEPT 78896 P.O. BOX 78000 DETROIT MI 48278-0896

\_ \_ \_ \_ \_ \_ \_ \_ \_