

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1232903 **Vendor Name:** Z&Z Medical, Inc.

Check Details:

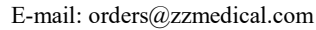
Check Number: E0110384 **Check Amount:** \$ 349.94 **Check Date:** 11/4/2025

Invoice Details:

Invoice Number: 231434 **Invoice Date:** 10/23/2025 **PO Number:** P0019937
Voucher Number: V0912585

Document Type: AP Invoice

Document Below



All prices are US Dollars

"orders@zzmedical.com" <orders@zzmedical.com>

[External] Invoice to pay from PO# P0019937

"orders@zzmedical.com" <orders@zzmedical.com>

Thu, Oct 23, 2025 at 07:16 PM UTC

CC:

BCC:

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Accounts Payable:

Please find attached your invoice to pay from. Payments should be mailed to the address below and paid within 60 days.

Z & Z Medical, Inc.

1924 Adams Street

Cedar Falls, IA 50613

Thanks,

Courtney Heath

Customer Care Coordinator

800.410.9575

courtneyh@zzmedical.com

1924 Adams Street | Cedar Falls, IA 50613

www.zzmedical.com

10 attachments

image002.jpg

image003.jpg

image001.jpg

image005.jpg

image004.jpg

231434.pdf

image009.jpg

image006.jpg

image007.jpg

image008.jpg