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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

A For the 2009 calendar year, or tax year beginning 07/01 , 2009, and ending 06/30 , 20 10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization **FELLOWSHIP OF ASSOCIATES OF MEDICAL EVAN**

Doing Business As **FAME**

Number and street (or P O box if mail is not delivered to street address) **4545 Southeastern Ave** Room/suite

City or town, state or country, and ZIP + 4 **Indianapolis, IN 46203-0548**

D Employer identification number **23 7124787**

E Telephone number **( 317 ) 358-2480**

G Gross receipts $ **3,462,607**

F Name and address of principal officer **Richard Wolford**
**4545 Southeastern Ave, Indianapolis, IN 46203**

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) ( 3 )◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **www.fameworld.org**

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation **1970**

M State of legal domicile **IN**

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: **Christian Medical Evangelism**

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 12 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| 5 | Total number of employees (Part V, line 2a) | 5 | 8 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 428 |
| 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 3,082,074 | 3,435,963 |
| 9 | Program service revenue (Part VIII, line 2g) | 0 | 0 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,324 | 5,739 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -13,957 | 2,134 |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,071,441 | 3,443,836 |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 2,254,594 | 1,507,825 |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 476,163 | 406,554 |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 114,522 | | |
| 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 565,795 | 889,478 |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 3,296,552 | 2,803,857 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | -225,111 | 639,979 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 1,290,547 | 1,783,214 |
| 21 | Total liabilities (Part X, line 26) | 522,125 | 374,813 |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 768,422 | 1,408,401 |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

Signature of officer — Date: 12-14-2011

**Richard Wolford, Executive Director**

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ▶ | Phone no ▶ ( )

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

**For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Cat No 11282Y Form **990** (2009)

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:
**Christian Medical Evangelism**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: ) (Expenses $ 1,791,411 including grants of $ 0 ) (Revenue $ 0 )
**Christianity Programs, General/Other: Provided medical supplies, funding for medical clinics, and mobilization of short-term teams of medical professionals and workers to partner ministries primarily in India, the Caribbean, South America, Africa, and Eastern Europe.**

4b (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

4c (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

4d Other program services. (Describe in Schedule O.)
(Expenses $ 0 including grants of $ 0 ) (Revenue $ 0 )

4e **Total program service expenses ▶** 1,791,411

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | ✓ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | ✓ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | ✓ |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II* | 4 | | ✓ |
| 5 | **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III* | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | ✓ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | ✓ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | ✓ |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | ✓ |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | ✓ |
| 11 | Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable* | 11 | ✓ | |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.* | | | |
| • | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.* | | | |
| • | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.* | | | |
| • | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.* | | | |
| • | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | | | |
| • | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.* | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.* | 12 | ✓ | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.* (Yes / No) | 12A | | ✓ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | ✓ |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ✓ |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I* | 14b | | ✓ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II* | 15 | | ✓ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III* | 16 | | ✓ |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* | 17 | | ✓ |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | ✓ | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | ✓ |
| 20 | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20 | | ✓ |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II.* | 21 | ✓ | |
| 22 | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | | ✓ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | | ✓ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.* | 24a | | ✓ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | ✓ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | ✓ |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II* | 26 | | ✓ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III* | 27 | | ✓ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | ✓ |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | ✓ |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | | ✓ |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | ✓ | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | ✓ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | ✓ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | ✓ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | ✓ |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | 34 | | ✓ |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35 | | ✓ |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | ✓ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | ✓ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O. | 38 | ✓ | |

## Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . . | 1a 0 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . | 1b 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c | ✓ | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 8 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | ✓ | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? . . . . . | 3a | | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* . . . . | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . | 4a | | ✓ |
| b | If "Yes," enter the name of the foreign country ▶ ..... See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . | 5a | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ✓ |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . . | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? . . . . . | 6a | ✓ | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | 6b | ✓ | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | 7a | ✓ | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . | 7b | ✓ | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | 7c | | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . . | 7d | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . | 7e | | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | ✓ |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . | 7g | ✓ | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . . | 7h | ✓ | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | |
| a | Did the organization make any taxable distributions under section 4966? . . . . . | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . | 9b | | |
| 10 | **Section 501(c)(7) organizations.** Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 . . . . . | 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | |
| a | Gross income from members or shareholders . . . . . | 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . | 11b | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | |

**Part VI** **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

## Section A. Governing Body and Management

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body | 1a 12 | | |
| b | Enter the number of voting members that are independent | 1b 12 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | ✓ | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | ✓ |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | ✓ |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | ✓ |
| 6 | Does the organization have members or stockholders? | 6 | | ✓ |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | ✓ |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | ✓ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | The governing body? | 8a | ✓ | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | ✓ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | 9a | | ✓ |

## Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | ✓ |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | ✓ | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Does the organization have a written conflict of interest policy? *If "No," go to line 13* | 12a | ✓ | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | ✓ | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done* | 12c | ✓ | |
| 13 | Does the organization have a written whistleblower policy? | 13 | ✓ | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | ✓ | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | ✓ | |
| b | Other officers or key employees of the organization | 15b | | ✓ |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | ✓ |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ IN, MN, ND, WV

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☑ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ FAME, (317)358-2480
4545 Southeastern Ave, Indianapolis, IN 46203-0548

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Max Gordon<br>Chair | 0.6 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| Mark Wright<br>Vice-Chair | 0.6 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| Richard Crabtree<br>Treasurer | 0.6 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| Cheryl BoysFore<br>Secretary | 0.6 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| Barbara Riggs PhD<br>Director | 0.3 | ✓ | | | | | | 0 | 0 | 0 |
| Jodi SmithGick<br>Director | 0.3 | ✓ | | | | | | 0 | 0 | 0 |
| Claude Kluck<br>Director | 0.3 | ✓ | | | | | | 0 | 0 | 0 |
| Dwain Illman MD<br>Director | 0.3 | ✓ | | | | | | 0 | 0 | 0 |
| Donald Stogsdill MD<br>Director | 0.3 | ✓ | | | | | | 0 | 0 | 0 |
| Brian Miles MD<br>Director | 0.3 | ✓ | | | | | | 0 | 0 | 0 |
| Ranae Phillips<br>Director | 0.6 | ✓ | | | | | | 0 | 0 | 0 |
| Tim Gephart<br>Director | 0.3 | ✓ | | | | | | 0 | 0 | 0 |
| Barb Pryor<br>Director | 0.3 | ✓ | | | | | | 0 | 0 | 0 |
| David Pound MD<br>Director | 0.3 | ✓ | | | | | | 0 | 0 | 0 |
| Richard Wolford<br>Executive Director | 40 | | | ✓ | | | | 0 | 0 | 89,000 |
| | | | | | | | | | | |

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b Total** ▶ | | | | | | | | 0 | 0 | 89,000 |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

| | | Yes | No |
|---|---|---|---|
| 3 | Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | | ✓ |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual.* | | ✓ |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person* | | ✓ |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

## Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns | 1a 0 | | | | |
| | b Membership dues | 1b 0 | | | | |
| | c Fundraising events | 1c 20,756 | | | | |
| | d Related organizations | 1d 0 | | | | |
| | e Government grants (contributions) | 1e 0 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 3,415,207 | | | | |
| | g Noncash contributions included in lines 1a-1f: $ | 1,906,823 | | | | |
| | h **Total.** Add lines 1a–1f | ▶ | 3,435,963 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g **Total.** Add lines 2a–2f | ▶ | 0 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | ▶ | 5,739 | 0 | 0 | 5,739 |
| | 4 Income from investment of tax-exempt bond proceeds | ▶ | 0 | 0 | 0 | 0 |
| | 5 Royalties | ▶ | 0 | 0 | 0 | 0 |
| | | (i) Real / (ii) Personal | | | | |
| | 6a Gross Rents | | | | | |
| | b Less: rental expenses | | | | | |
| | c Rental income or (loss) | 0 / 0 | | | | |
| | d Net rental income or (loss) | ▶ | | | | |
| | | (i) Securities / (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | | | | | |
| | b Less: cost or other basis and sales expenses | | | | | |
| | c Gain or (loss) | 0 / 0 | | | | |
| | d Net gain or (loss) | ▶ | | | | |
| | 8a Gross income from fundraising events (not including $ 20,756 of contributions reported on line 1c). See Part IV, line 18 | a 0 | | | | |
| | b Less: direct expenses | b 18,771 | | | | |
| | c Net income or (loss) from fundraising events | ▶ | -18,771 | 0 | 0 | -18,771 |
| | 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | ▶ | | | | |
| | 10a Gross sales of inventory, less returns and allowances | a | | | | |
| | b Less: cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory | ▶ | | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | 20,905 | 0 | 0 | 20,905 |
| | e **Total.** Add lines 11a–11d | ▶ | 20,905 | | | |
| | 12 **Total revenue.** See instructions. | ▶ | 3,443,836 | 0 | 0 | 7,873 |

## Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**
**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

| *Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.* | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 1,507,825 | 1,507,825 | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 0 | 0 | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 Benefits paid to or for members | 0 | 0 | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 85,000 | 0 | 85,000 | 0 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 Other salaries and wages | 180,632 | 41,154 | 89,359 | 50,119 |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 19,300 | 0 | 14,836 | 4,464 |
| 9 Other employee benefits | 108,033 | 0 | 84,067 | 23,966 |
| 10 Payroll taxes | 13,589 | 0 | 10,555 | 3,034 |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | 0 | 0 | 0 |
| b Legal | 0 | 0 | 0 | 0 |
| c Accounting | 21,454 | 0 | 21,454 | 0 |
| d Lobbying | 0 | 0 | 0 | 0 |
| e Professional fundraising services See Part IV, line 17 | 0 | | | 0 |
| f Investment management fees | 0 | 0 | 0 | 0 |
| g Other | 0 | 0 | 0 | 0 |
| 12 Advertising and promotion | 3,473 | 0 | 0 | 3,473 |
| 13 Office expenses | 31,659 | 0 | 17,861 | 13,798 |
| 14 Information technology | 2,571 | 0 | 2,571 | 0 |
| 15 Royalties | 0 | 0 | 0 | 0 |
| 16 Occupancy | 55,818 | 0 | 55,818 | 0 |
| 17 Travel | 273,305 | 242,432 | 29,174 | 1,699 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 Conferences, conventions, and meetings | 2,501 | 0 | 1,251 | 1,250 |
| 20 Interest | 0 | 0 | 0 | 0 |
| 21 Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 Depreciation, depletion, and amortization | 29,325 | 0 | 29,325 | 0 |
| 23 Insurance | 10,473 | 0 | 10,473 | 0 |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ) | | | | |
| a Misc. | 76,969 | 0 | 64,250 | 12,719 |
| b Expired Medicine | 381,930 | 0 | 381,930 | 0 |
| c | | | | |
| d | | | | |
| e | | | | |
| f All other expenses | 0 | 0 | 0 | 0 |
| 25 **Total functional expenses.** Add lines 1 through 24f | 2,803,857 | 1,791,411 | 897,924 | 114,522 |
| 26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

**Part X Balance Sheet**

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | | 10,200 | 1 | 10,200 |
| | 2 | Savings and temporary cash investments | | 197,648 | 2 | 383,634 |
| | 3 | Pledges and grants receivable, net | | 0 | 3 | 0 |
| | 4 | Accounts receivable, net | | 0 | 4 | 0 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 0 | 5 | 0 |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 0 | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 0 | 7 | 0 |
| | 8 | Inventories for sale or use | | 0 | 8 | 0 |
| | 9 | Prepaid expenses and deferred charges | | 0 | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 932,417 | | | |
| | b | Less: accumulated depreciation | 10b 134,494 | 827,898 | 10c | 797,923 |
| | 11 | Investments—publicly traded securities | | 0 | 11 | 0 |
| | 12 | Investments—other securities. See Part IV, line 11 | | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | 0 | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | | 254,801 | 15 | 591,457 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 1,290,547 | 16 | 1,783,214 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 45,139 | 17 | 32,955 |
| | 18 | Grants payable | | 0 | 18 | 0 |
| | 19 | Deferred revenue | | 0 | 19 | 0 |
| | 20 | Tax-exempt bond liabilities | | 0 | 20 | 0 |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 0 | 21 | 0 |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 0 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 458,812 | 23 | 330,431 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 0 | 24 | 0 |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 18,174 | 25 | 11,427 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 522,125 | 26 | 374,813 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 733,278 | 27 | 1,143,113 |
| | 28 | Temporarily restricted net assets | | 35,144 | 28 | 265,288 |
| | 29 | Permanently restricted net assets | | 0 | 29 | 0 |
| | | **Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 768,422 | 33 | 1,408,401 |
| | 34 | Total liabilities and net assets/fund balances | | 1,290,547 | 34 | 1,783,214 |

## Part XI Financial Statements and Reporting

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990. ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | ✓ | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | ✓ | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | 2c | ✓ | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | ✓ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | |

**SCHEDULE A**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

| Name of the organization | Employer Identification number |
|---|---|
| FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM INC | 23 : 7124787 |

## Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ----------

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

**a** ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

**e** ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

**f** If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

**g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | Yes | No |
|---|---|---|---|
| **(i)** A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . . | 11g(i) | | |
| **(ii)** A family member of a person described in (i) above? . . . . . | 11g(ii) | | |
| **(iii)** A 35% controlled entity of a person described in (i) or (ii) above? . . . . . | 11g(iii) | | |

**h** Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support |
|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Total** | | | | | | | | | |

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 6,732,251 | 3,972,731 | 2,619,179 | 3,082,074 | 3,435,963 | 19,842,198 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 **Total.** Add lines 1 through 3 | 6,732,251 | 3,972,731 | 2,619,179 | 3,082,074 | 3,435,963 | 19,842,198 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 633,000 |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | 19,209,198 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 6,732,251 | 3,972,731 | 2,619,179 | 3,082,074 | 3,435,963 | 19,842,198 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 7,775 | 10,715 | 5,463 | 3,324 | 5,739 | 33,016 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 0 | 0 | 9,925 | 6,504 | 20,905 | 37,334 |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 19,912,548 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 0 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 14 | Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 96.47 % |
| 15 | Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 96.67 % |

16a **33⅓ % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓ % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6.) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from **2008** Schedule A, Part III, line 17 | 18 | % |

19a **33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**General Explanation - Other Income**

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**
FEIN 23-7124787

# Invoice

Schedule I, Part III, Statement 1, Line 1, Part II
Medicine & Medical Supplies detail

**Consignee#:** 200035

**Ship To:**
**4 Him c/o His Healing Helping Hands International M**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.
Sierra Leone

Hassan Mansaray
Phone#: (076)651-386_

**Notify:**
**4 Him c/o His Healing Helping Hands Internatio**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.

Hassan Mansaray
Phone#: 033-510-240 or
076-651-383

**Invoice Reference**
10-001
**Order Date:**
05/29/2010
**Ship Date:**
06/16/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700018 | 1321 | Drape, Disposable Non-Sterile | 12 | 1 | $2 04 |
| 700018 | 1324 | Drape, Disposable Non-Sterile | 13 | 1 | $2 21 |
| 700018 | 1325 | Drape, Disposable Non-Sterile | 13 | 1 | $2.21 |
| 700018 | 1326 | Drape, Disposable Non-Sterile | 13 | 1 | $2.21 |
| 700085 | 5308 | Resuscitator, Ambu Bag | 4 | 1 | $36 80 |
| 700085 | 5320 | Resuscitator, Ambu Bag | 3 | 1 | $27.60 |
| 700091 | 8130 | Cuff, Blood Pressure | 2 | 1 | $14.40 |
| 700117 | 7332 | Catheter, Male External | 58 | 1 | $696.00 |
| 700119 | 5304 | Ball, Cotton | 2000 | 1 | $20 00 |
| 700119 | 6590 | Ball, Cotton | 100 | 1 | $1.00 |
| 700129 | 1716 | Glove, Exam | 1000 | 1 | $20.00 |
| 700129 | 1719 | Glove, Exam | 1000 | 1 | $20.00 |
| 700129 | 6652 | Glove, Exam | 1000 | 1 | $20.00 |
| 700129 | 6679 | Glove, Exam | 1000 | 1 | $20.00 |
| 700129 | 6680 | Glove, Exam | 1000 | 1 | $20.00 |
| 700129 | 7046 | Glove, Exam | 1000 | 1 | $20.00 |
| 700131 | 7264 | Glove, Sterile Surgical | 40 | 1 | $33.60 |
| 700131 | 7268 | Glove, Sterile Surgical | 50 | 1 | $42.00 |
| 700131 | 7297 | Glove, Sterile Surgical | 50 | 1 | $42.00 |
| 700133 | 1779 | Top, Scrub | 19 | 1 | $15.01 |
| 700133 | 5455 | Top, Scrub | 21 | 1 | $16.59 |
| 700133 | 5460 | Top, Scrub | 16 | 1 | $12 64 |
| 700133 | 7317 | Top, Scrub | 6 | 1 | $4.74 |
| 700134 | 5348 | Pant, Scrub | 18 | 1 | $43.02 |
| 700134 | 6567 | Pant, Scrub | 12 | 1 | $28.68 |
| 700134 | 7318 | Pant, Scrub | 6 | 1 | $14.34 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200035

**Ship To:**
**4 Him c/o His Healing Helping Hands International N**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L
Sierra Leone

Hassan Mansaray
Phone#: (076)651-386_

**Notify:**
**4 Him c/o His Healing Helping Hands Internatio**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.

Hassan Mansaray
Phone#: 033-510-240 or
076-651-383

**Invoice Reference**
10-001
**Order Date:**
05/29/2010

**Ship Date:**
06/16/2010

**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700136 | 1794 | Syringe, 60 ml | 6 | 1 | $20 04 |
| 700136 | 1796 | Syringe, 60 ml | 14 | 1 | $46.76 |
| 700136 | 1797 | Syringe, 60 ml | 62 | 1 | $207.08 |
| 700136 | 1809 | Syringe, 60 ml | 22 | 1 | $73.48 |
| 700144 | 4654 | Syringe, 10 ml | 42 | 1 | $6.30 |
| 700144 | 6661 | Syringe, 10 ml | 22 | 1 | $3.30 |
| 700144 | 7129 | Syringe, 10 ml | 52 | 1 | $7.80 |
| 700144 | 7328 | Syringe, 10 ml | 206 | 1 | $30.90 |
| 700165 | 6632 | Needle, 27 G | 100 | 1 | $9.00 |
| 700165 | 6633 | Needle, 27 G | 100 | 1 | $9 00 |
| 700165 | 6647 | Needle, 27 G | 100 | 1 | $9.00 |
| 700167 | 5174 | Needle, 25 G | 429 | 1 | $34 32 |
| 700167 | 7014 | Needle, 25 G | 1000 | 1 | $80.00 |
| 700169 | 6660 | Needle, 22 G | 100 | 1 | $13.00 |
| 700173 | 4254 | Needle, 18 G | 3058 | 1 | $214.06 |
| 700173 | 5180 | Needle, 18 G | 658 | 1 | $46.06 |
| 700182 | 8129 | Thermometer, Digital | 8 | 1 | $37.60 |
| 700220 | 8128 | Toothpaste, large | 144 | 1 | $106.56 |
| 700268 | 5606 | Sheet, Drape | 8 | 1 | $1.92 |
| 700268 | 5607 | Sheet, Drape | 6 | 1 | $1.44 |
| 700268 | 5618 | Sheet, Drape | 20 | 1 | $4.80 |
| 700268 | 5619 | Sheet, Drape | 8 | 1 | $1.92 |
| 700268 | 5620 | Sheet, Drape | 7 | 1 | $1.68 |
| 700268 | 5621 | Sheet, Drape | 25 | 1 | $6.00 |
| 700277 | 8131 | Stethoscope | 12 | 1 | $162 96 |
| 700294 | 5338 | Catheter, Uretheral | 100 | 1 | $50.00 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200035

**Ship To:**
**4 Him c/o His Healing Helping Hands International M**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.
Sierra Leone

Hassan Mansaray
Phone#: (076)651-386_

**Notify:**
**4 Him c/o His Healing Helping Hands Internatio**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.

Hassan Mansaray
Phone#: 033-510-240 or
076-651-383

**Invoice Reference**
10-001
**Order Date:**
05/29/2010
**Ship Date:**
06/16/2010
**Ship Via:**
Delivery

**Special Instructions:**
**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700353 | 5633 | Pad, Alcohol Prep | 1200 | 1 | $24.00 |
| 700353 | 7303 | Pad, Alcohol Prep | 600 | 1 | $12.00 |
| 700400 | 8117 | Sanitizer, Hand | 3 | 1 | $4 41 |
| 700404 | 6589 | Applicator, Cotton Tip | 150 | 1 | $3.00 |
| 700404 | 6979 | Applicator, Cotton Tip | 5000 | 1 | $100.00 |
| 700465 | 8133 | Soap, Bars | 50 | 1 | $24.50 |
| 700471 | | Cane | | 7 | $51.66 |
| 700479 | 5627 | Drape, Laparoscopic | 3 | 1 | $34.86 |
| 700479 | 5628 | Drape, Laparoscopic | 2 | 1 | $23.24 |
| 700494 | 6591 | Jar, Glass Apothecary | 5 | 1 | $31.95 |
| 700498 | 5120 | Tray, Foley Catheter | 10 | 1 | $14.90 |
| 700561 | 8116 | Gurney | 2 | 1 | $335.26 |
| 700563 | 8121 | Wheelchair | 4 | 1 | $397.08 |
| 700572 | 6403 | Bed, Hospital | 1 | 1 | $540.00 |
| 700572 | 6408 | Bed, Hospital | 1 | 1 | $540.00 |
| 700572 | 6410 | Bed, Hospital | 1 | 1 | $540.00 |
| 700572 | 6411 | Bed, Hospital | 1 | 1 | $540.00 |
| 700572 | 6416 | Bed, Hospital | 1 | 1 | $540.00 |
| 700579 | 8115 | Stand, Mayo with Tray | 1 | 1 | $55.03 |
| 700614 | 8120 | Stool, Exam Room | 2 | 1 | $169.96 |
| 700616 | 8119 | Chair, Office | 1 | 1 | $44.00 |
| 700621 | 8125 | Shelf/Cabinet | 1 | 1 | $13.59 |
| 700686 | 6658 | Pad, Povidone Iodine | 1200 | 1 | $36.00 |
| 700686 | 7301 | Pad, Povidone Iodine | 1200 | 1 | $36 00 |
| 700686 | 7302 | Pad, Povidone Iodine | 500 | 1 | $15.00 |
| 700724 | 8127 | Pump, Suction | 1 | 1 | $560.00 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200035

**Ship To:**
**4 Him c/o His Healing Helping Hands International M**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.
Sierra Leone

Hassan Mansaray
Phone#: (076)651-386_

**Notify:**
**4 Him c/o His Healing Helping Hands Internatio**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S L.

Hassan Mansaray
Phone#: 033-510-240 or
076-651-383

**Invoice Reference**
10-001
**Order Date:**
05/29/2010
**Ship Date:**
06/16/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700770 | 8134 | Clock | 320 | 1 | $1,152 00 |
| 700777 | 5156 | Drape, Surgical | 12 | 1 | $72.96 |
| 700803 | 5211 | Table, Over Bed | 1 | 1 | $39.40 |
| 700838 | 5452 | Scrub Jacket | 10 | 1 | $63.90 |
| 700882 | 8126 | Cabinet, File | 1 | 1 | $28.00 |
| 700884 | 8118 | Desk, Office (Used) | 1 | 1 | $40.00 |
| 700898 | 8132 | Hematocrit Centrifuge | 8 | 1 | $666.24 |
| 700937 | 8137 | Table, Transfer | 1 | 1 | $326.35 |
| 700938 | 8136 | Tower, Plastic | 1 | 1 | $20.00 |
| 700939 | 8135 | Concentrator, Oxygen | 1 | 1 | $30.20 |
| | | **Invoice Totals:** | | **94** | **$9,487.56** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200004

**Ship To:**
**Central Brazil Mission**
Woody Wilson
109 Deerfield Ct.
Franklin TN 37069
Brazil

Phone#: (___)___-____

**Notify:**
**Central Brazil Mission**
Woody Wilson
109 Deerfield Ct.
Franklin TN 37069

Phone#:

**Invoice Reference**
300039
**Order Date:**
05/28/2009
**Ship Date:**
07/10/2009
**Ship Via:**
Fed Ex

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 1000101 | | C Vitamin | | 60 | $1.80 |
| 1000401 | | Multivitamin, Adult | | 45,890 | $2,753 40 |
| 1004301 | | Kelp Iodine (Saw Palmetto) | | 400 | $20 00 |
| 1100802 | | Oral Analgesic, Infant, 0.18 oz | 0 18 oz | 4 | $13.96 |
| 1102003 | | Hydrocortisone, 1 oz. | 1 oz. | 75 | $224 25 |
| 1102301 | | Benzoyl Peroxide, 1 oz. | 1 oz. | 1 | $3.89 |
| 1103201 | | Permethrin, 60 G, 50 mg/g | 60 g | 4 | $116.60 |
| 1104801 | | Hemorrhoidal Ointment, 2 oz. | 2 oz. | 12 | $47.88 |
| 1104803 | | Hemorrhoidal Suppository | | 108 | $15.12 |
| 1104806 | | Hemorrhoidal Ointment, 1 oz. | 28 g | 5 | $20 55 |
| 1105101 | | Menthol, 1.25 oz | 1.25 oz. | 1 | $2 65 |
| 1105104 | | Menthol, 1.5 oz | 1 5 oz. | 1 | $2.57 |
| 1107501 | | Mineral Oil/White Petroleum, 3.5 g | 3.5 G | 1 | $8.45 |
| 1108301 | | Witch Hazel, Pad | Pads | 200 | $14.00 |
| | | **Invoice Totals:** | | **65533** | **$7,846.11** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200004

**Ship To:**
**Central Brazil Mission**
Woody Wilson
109 Deerfield Ct
Franklin TN 37069
Brazil

Phone#: (___)___-____

**Notify:**
**Central Brazil Mission**
Woody Wilson
109 Deerfield Ct
Franklin TN 37069

Phone#:

**Invoice Reference**
300039
**Order Date:**
05/28/2009
**Ship Date:**
07/10/2009
**Ship Via:**
Fed Ex

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100101 | | APAP 325 mg | | 10,000 | $200.00 |
| 0100103 | | APAP 650 mg | | 600 | $0.00 |
| 0100107 | | APAP, Infant, 0.5 oz., 80 mg/0.8 ml | 0.5 oz | 50 | $195.50 |
| 0100509 | | IBU, Child, 4 oz., 100 mg/5 ml | 4 oz. | 135 | $557.55 |
| 0101001 | | APAP/Caffeine 500/65 mg | | 200 | $10.00 |
| 0101801 | | Xylocaine 5 ml, 1% | | 50 | $135 50 |
| 0102201 | | Capsaicin, 60 gm, 0.025% | 60 gm | 2 | $23.88 |
| 0200502 | | Ceftriaxone, 1 G | 1 G | 10 | $187.50 |
| 0502401 | | Prochlorperazine, 25 mg | | 12 | $33.96 |
| 0502501 | | Hemmorrhoidal Suppository | | 116 | $51.04 |
| 0502701 | | Magnesium Hydroxide (Milk of Mag) 400mg/5ml, 12 oz | 12 oz. | 1 | $2.69 |
| 0700701 | | Nonoxynol-9, 100 mg | | 12 | $8.76 |
| 0700801 | | Benzocaine/Resorcinol (Vagisil), 1 oz , 20/3 % | 1 oz. | 1 | $4.33 |
| 0801101 | | Dextromethorphan, Child, 4 oz., 7.5 mg/5 ml | 4 oz. | 6 | $27.66 |
| 0801502 | | Dextromethorphan/Phenylephrine, Child 5/2 5 mg/5ml | 4 oz. | 1 | $5.65 |
| 0801802 | | Guaifenesin/Dextromethorphan, Susp. 100/10 mg/5 ml | 8 oz | 4 | $13.48 |
| 0802202 | | Loratadine, 10 mg | | 238 | $16.66 |
| 0802203 | | Loratadine, Child, 5 mg | | 10 | $7.00 |
| 0802601 | | Multi-Symptom Cold | | 7,200 | $2,448.00 |
| 0802602 | | Multi-Symptom Cold, 4 oz. | 4 oz. | 7 | $32 13 |
| 0802603 | | Multi-Symptom Cold, 8 oz. | 8 oz | 1 | $5.96 |
| 0802604 | | Multi-Symptom Cold, 10 oz. | 10 oz. | 110 | $603.90 |
| 0802605 | | Multi-Symptom Cold, Child, 4 oz. | 4 oz. | 2 | $12.34 |
| 0802606 | | Multi-Symptom Cold, Child, 8 oz. | 8 oz. | 2 | $15.98 |
| 0803902 | | Oxymetazoline, 0.5 oz | 0.5 oz. | 1 | $1.52 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200009

**Ship To:**
**Good Samaritan Clinic**
2716 E Washington St.
Indianapolis IN 46206
United States

Phone#: (___)___-____

**Notify:**
**Good Samaritan Clinic**
2716 E Washington St.
Indianapolis IN 46206

Phone#:

**Invoice Reference**
300037
**Order Date:**
07/09/2009

**Ship Date:**
07/09/2009

**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0503301 | | Lubiprostone, 24 mcg | | 96 | $329.28 |
| 0802604 | | Multi-Symptom Cold, 10 oz. | 10 oz. | 67 | $367.83 |
| 0802608 | | Multi-Symptom Cold, 16 oz. | 16 oz. | 7 | $78.40 |
| 0803101 | | Formoterol Fumarate 20 mcg/2 ml | 2 ml | 105 | $590.10 |
| 0803202 | | Albuterol Sulfate, 3 ml, 0.083% | 3 ml | 145 | $72.50 |
| 0803301 | | Ipratropium Bromide 0.02%, 0 5 mg/2.5 ml | 2.5 ml | 270 | $124.20 |
| 0804001 | | Epinephrine Pen 0.1mg/ml | 10 ml | 6 | $218.88 |
| 0804704 | | Cetirizine (Zyrtec), Child., 4 oz., 5 mg /5 ml | 4 oz | 2 | $14.00 |
| 1200701 | | Sodium Chloride, 10 ml | 10 ml | 3 | $1.47 |
| 1300301 | | Urinalysis Test Strip | Strip | 200 | $502.00 |
| | | **Invoice Totals:** | | **901** | **$2,298.66** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200026

**Ship To:**
**Missions of Hope**

Mathare Valley, Nairobi
Kenya

Wallace and Mary Kamau/Keith and Kathy Ham
Phone#: (___)___-____

**Notify:**
**Missions of Hope**

Mathare Valley, Nairobi

Phone#:

**Invoice Reference**
300036
**Order Date:**
06/08/2009
**Ship Date:**
09/21/2009
**Ship Via:**
Delivery

**Special Instructions: FAME Medical Mission Trip. September 21 - October 2, 2009.**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100101 | | APAP 325 mg | | 2,000 | $40.00 |
| 0100103 | | APAP 650 mg | | 900 | $0.00 |
| 0100509 | | IBU, Child, 4 oz., 100 mg/5 ml | 4 oz. | 18 | $74.34 |
| 1102003 | | Hydrocortisone, 1 oz. | 1 oz. | 50 | $149 50 |
| | | **Invoice Totals:** | | **2968** | **$263.84** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200006

**Ship To:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd. East
West Palm Beach 33417
Haiti

Denise Fisher
Phone#:

**Notify:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd. East
West Palm Beach 33417

Phone#:

**Invoice Reference**
300034
**Order Date:**
06/04/2009
**Ship Date:**
07/04/2009
**Ship Via:**
Pick-up

**Special Instructions: June mission trip team from Kingsway Christian Church.**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700426 | 4130 | Formula, Baby | 5 | 1 | $20.00 |
| 700486 | 4136 | Lancet | 150 | 1 | $3.00 |
| 700743 | 4137 | Test Strips, Blood Glucose | 150 | 1 | $51.00 |
| | | **Invoice Totals:** | | **24377** | **$1,596.57** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200006

**Ship To:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd. East
West Palm Beach 33417
Haiti

Denise Fisher
Phone#:

**Notify:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd. East
West Palm Beach 33417

Phone#:

**Invoice Reference**
300034
**Order Date:**
06/04/2009
**Ship Date:**
07/04/2009
**Ship Via:**
Pick-up

**Special Instructions: June mission trip team from Kingsway Christian Church.**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100101 | | APAP 325 mg | | 4,000 | $80.00 |
| 0100107 | | APAP, Infant, 0.5 oz., 80 mg/0.8 ml | 0.5 oz | 4 | $15.64 |
| 0100108 | | APAP, Infant, 1 oz., 80 mg/0.8 ml | 1 oz. | 1 | $2.44 |
| 0100401 | | APAP, Migraine | | 192 | $11.52 |
| 0100509 | | IBU, Child, 4 oz., 100 mg/5 ml | 4 oz. | 27 | $111 51 |
| 0100701 | | Lidocaine HCL 1% 10 mg/ml | 20 ml | 4 | $52.80 |
| 0300102 | | Aspirin 325 mg | | 19,850 | $198.50 |
| 0801301 | | Diphenhydramine, Child, 4 oz , 12.5 mg/5 ml | 4 oz | 1 | $2.20 |
| 0801903 | | Guaifenesin/Phenylephrine 400/10 mg | | 50 | $38.50 |
| 0802302 | | Alavert D, 5/120 mg | | 24 | $13.92 |
| 0802604 | | Multi-Symptom Cold, 10 oz. | 10 oz. | 10 | $54.90 |
| 0802703 | | Phenylephrine, 1 oz. | 1 oz. | 1 | $3.56 |
| 0803701 | | Azelastine (Astelin), 30 ml, 137 mcg | 30 ml | 2 | $148.28 |
| 0804902 | | Beclomethasone Diproplonate, 7.3 g, 40 mcg (Qvar) | 7.3 g | 1 | $70.00 |
| 0806001 | | Budesonide/Formoterol 160/4.5 mcg | | 1 | $136 81 |
| 0806002 | | Budesonide/Formoterol 80/4.5 mcg | | 1 | $118.93 |
| 1000501 | | Prenatal Vitamin | | 120 | $3.60 |
| 1100202 | | Petrolatum, 2 oz. | 2 oz. | 4 | $6.16 |
| 1102003 | | Hydrocortisone, 1 oz. | 1 oz. | 50 | $149.50 |
| 1102601 | | Neomycin/PolymyxinB/Bacitracin/Hydrocortisone | 3.5/10 mg 3.5 g | 11 | $85.91 |
| 1103403 | | Silver Sulfadiazine, 25 G | 25 g | 2 | $24 04 |
| 1105702 | | Povidone-Iodine, Swabstick | Swabstick | 9 | $0.54 |
| 1106401 | | Clobetasol Propionate, 100 g | 100 gm | 1 | $159.58 |
| 1200701 | | Sodium Chloride, 10 ml | 10 ml | 6 | $2.94 |
| 700129 | 4134 | Glove, Exam | 500 | 1 | $10.00 |
| 700214 | 4135 | Glucometer | 3 | 1 | $20.79 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200019

**Ship To:**
**Panama Christian Evangelism**
705 Pineview Dr.
Zionsville 46077
Panama

Dr. Alan and Debbie Handt
Phone#: 011-507-6618-3352

**Notify:**
**Panama Christian Evangelism**
705 Pineview Dr.
Zionsville 46077

Phone#:

**Invoice Reference**
300033
**Order Date:**
07/10/2009
**Ship Date:**
07/10/2009
**Ship Via:**
Delivery

**Special Instructions: Fame Mission Trip. July 10-18, 2009.**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100101 | | APAP 325 mg | | 1,000 | $20 00 |
| 0100107 | | APAP, Infant, 0.5 oz., 80 mg/0 8 ml | 0.5 oz. | 20 | $78 20 |
| 0100501 | | IBU 200 mg | | 350 | $14 00 |
| 0100509 | | IBU, Child, 4 oz., 100 mg/5 ml | 4 oz. | 44 | $181 72 |
| 0300101 | | Aspirin 81 mg | | 392 | $3.92 |
| 0802601 | | Multi-Symptom Cold | | 3,000 | $1,020.00 |
| 0802604 | | Multi-Symptom Cold, 10 oz. | 10 oz | 4 | $21.96 |
| 0802605 | | Multi-Symptom Cold, Child, 4 oz. | 4 oz | 2 | $12.34 |
| | | **Invoice Totals:** | | **4812** | **$1,352.14** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200006

**Ship To:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd. East
West Palm Beach 33417
Haiti

Phone#:

**Notify:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd. East
West Palm Beach 33417

Phone#:

**Invoice Reference**
300032
**Order Date:**
10/15/2009
**Ship Date:**
10/15/2009
**Ship Via:**
Delivery

**Special Instructions: FAME Medical Mission Trip. October 15-31, 2009.**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200006

**Ship To:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd East
West Palm Beach 33417
Haiti

Phone#:

**Notify:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd. East
West Palm Beach 33417

Phone#:

**Invoice Reference**
300032
**Order Date:**
10/15/2009
**Ship Date:**
10/15/2009
**Ship Via:**
Delivery

**Special Instructions: FAME Medical Mission Trip. October 15-31, 2009.**

**Container #:** N/A **Seal #:** N/A

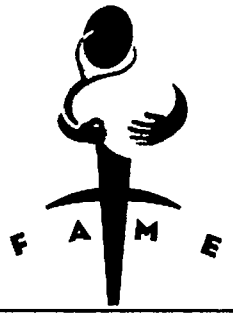
| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 1104601 | | Tolnaftate, 1% | 1 oz. | 2 | $5.30 |
| 1104806 | | Hemorrhoidal Ointment, 1 oz | 28 g | 1 | $4 11 |
| 1107101 | | Camphor, 0.75 oz | 0.75 oz. | 1 | $2.53 |
| 1200701 | | Sodium Chloride, 10 ml | 10 ml | 4 | $1.96 |
| 700091 | 4596 | Cuff, Blood Pressure | 1 | 1 | $204.24 |
| 700123 | 4711 | Swabstick, Providone Iodine | 6 | 1 | $0.84 |
| 700129 | 4600 | Glove, Exam | 200 | 1 | $4.00 |
| 700182 | 4599 | Thermometer, Digital | 4 | 1 | $22.16 |
| 700184 | 4602 | Syringe, Bulb | 3 | 1 | $11 97 |
| 700214 | 4725 | Glucometer | 1 | 1 | $6 93 |
| 700214 | 4726 | Glucometer | 1 | 1 | $6 93 |
| 700214 | 4727 | Glucometer | 1 | 1 | $6.93 |
| 700353 | 4598 | Pad, Alcohol Prep | 800 | 1 | $16.00 |
| 700426 | 4059 | Formula, Baby | 1 | 1 | $4.00 |
| 700523 | 4603 | Pad, Note | 1 | 1 | $0.86 |
| 700747 | 4601 | Dropper, Medicine | 19 | 1 | $0.95 |
| 700757 | 4604 | Tweezers | 2 | 1 | $2.52 |
| | | **Invoice Totals:** | | **54425** | **$7,858.90** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**




# Invoice

**Consignee#:** 200006

**Ship To:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd East
West Palm Beach 33417
Haiti

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West Palm Beach 33417

Phone#:

**Invoice Reference**
300032
**Order Date:**
10/15/2009
**Ship Date:**
10/15/2009
**Ship Via:**
Delivery

**Special Instructions: FAME Medical Mission Trip. October 15-31, 2009.**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0802602 | | Multi-Symptom Cold, 4 oz | 4 oz | 4 | $18 36 |
| 0802604 | | Multi-Symptom Cold, 10 oz. | 10 oz. | 17 | $93.33 |
| 0802609 | | Multi-Symptom Cold, 1 oz. | 1 oz. | 6 | $27.36 |
| 0802702 | | Phenylephrine HCL, 10 mg | | 912 | $45.60 |
| 0803408 | | Saline, 0.5 oz. | 0.5 oz. | 1 | $1.71 |
| 0803901 | | Oxymetazoline, 1 oz. | 1 oz. | 3 | $11.97 |
| 0803902 | | Oxymetazoline, 0 5 oz. | 0.5 oz. | 4 | $6.08 |
| 0804003 | | Epinephrine (Primatene) 0 22 mg, 15 ml | 15 ml | 3 | $18.30 |
| 0804402 | | Chlorpheniramine/Dextromethorphan, 4 oz., 1/7.5 mg | 4 oz. | 2 | $9.74 |
| 0804404 | | Chlorpheniramine/Dextromethorphan, 6 oz., 2/15 mg | 6 oz. | 3 | $19.68 |
| 0804701 | | Cetirizine 10 mg | | 109 | $220.18 |
| 0805102 | | Phenylephrine/Chlorpheniramine 10/4 mg | | 24 | $4.08 |
| 1000202 | | Calcium/Vitamin D | | 160 | $4.80 |
| 1000203 | | Calcium/Vitamin D 600 mg/400 IU | | 155 | $9.30 |
| 1000302 | | Iron, 150 mg | | 21 | $5.04 |
| 1000401 | | Multivitamin, Adult | | 1,032 | $61.92 |
| 1000402 | | Multivitamin, Child | | 2,420 | $145.20 |
| 1000404 | | Multivitamin, Infant, 1 2/3 oz | 50 ml | 15 | $100.05 |
| 1000501 | | Prenatal Vitamin | | 2,790 | $83.70 |
| 1100803 | | Oral Analgesic, 0.25 oz. | 0 25 oz. | 1 | $6.32 |
| 1101102 | | Anti-Fungal cream, 1 oz. | 1 oz | 27 | $145.53 |
| 1101702 | | Eye Drops, 1 oz. | 1 oz. | 1 | $5.04 |
| 1102003 | | Hydrocortisone, 1 oz. | 1 oz. | 177 | $529.23 |
| 1102009 | | Hydrocortisone, 3 oz. | 3 oz. | 1 | $6 48 |
| 1102701 | | Eye Drops, Perscription, 10 ml | 10 ml | 48 | $1,463.52 |
| 1104001 | | Triple Antibiotic Ointment 0.9 g | 0.9 g | 335 | $33.50 |
| 1104201 | | Diphenhydramine, 10 oz. | 10 oz | 1 | $5.45 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200006

**Ship To:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd. East
West Palm Beach 33417
Haiti

Phone#:

**Notify:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd East
West Palm Beach 33417

Phone#:

**Invoice Reference**
300032
**Order Date:**
10/15/2009
**Ship Date:**
10/15/2009
**Ship Via:**
Delivery

**Special Instructions: FAME Medical Mission Trip. October 15-31, 2009.**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0500802 | | Docusate Sodium 100 mg | | 420 | $8.40 |
| 0501201 | | Loperamide, 2 mg | | 228 | $11.40 |
| 0501701 | | Simethicone, Infant, 1 oz., 20 mg/0.3 ml | 1 oz. | 1 | $3.36 |
| 0502801 | | Docusate Sodium/Sennosides, 50/8.6 mg | | 120 | $12.00 |
| 0504401 | | Anti-Nausea, Children's | | 1 | $2.75 |
| 0700101 | | Metronidazole 0.75% | 9 g | 48 | $420.00 |
| 0800401 | | APAP/Phenylephrine 325/5 mg | | 96 | $4.80 |
| 0800501 | | Brompheniramine/Phenylephrine, 4 oz.,1/2.5 mg/5 ml | 4 oz. | 2 | $11.30 |
| 0800601 | | Brompheniramine/Pseudoephedrine, 4 oz , 1/15 mg | 4 oz. | 20 | $43.60 |
| 0800801 | | Chlorpheniramine, 4 mg | | 3,000 | $30 00 |
| 0801002 | | Dextromethorphan, 3 oz., 30 mg/5 ml | 3 oz. | 3 | $23 02 |
| 0801003 | | Dextromethan, 5 oz., 30 mg/5 ml | 5 oz. | 1 | $10.96 |
| 0801301 | | Diphenhydramine, Child, 4 oz., 12.5 mg/5 ml | 4 oz. | 3 | $6.60 |
| 0801303 | | Diphenhydramine, 25 mg | | 192 | $3.84 |
| 0801503 | | Diphenhydramine/Phenylephrine 12.5/10 mg | | 48 | $12.48 |
| 0801505 | | Diphenhydramine/Phenylephrine 12.5/5 mg | Strip | 126 | $36.54 |
| 0801801 | | Guaifenesin/Dextromethorphan, Susp 100/10 mg/5 ml | 4 oz. | 4 | $18.44 |
| 0801802 | | Guaifenesin/Dextromethorphan, Susp. 100/10 mg/5 ml | 8 oz. | 12 | $40 44 |
| 0801806 | | Guaifenesin/Dextromethorphan 5/100 mg | 4 oz. | 1 | $3.67 |
| 0802201 | | Loratadine, Child, 4 oz , 5 mg/5 ml | 4 oz. | 1 | $8.50 |
| 0802202 | | Loratadine, 10 mg | | 1,926 | $134.82 |
| 0802401 | | Cough Drop | | 848 | $84.80 |
| 0802501 | | Montelukast Sodium (Singulair) 4 mg | | 35 | $16.80 |
| 0802502 | | Montelukast Sodium (Singulair) 5 mg | | 77 | $250.25 |
| 0802504 | | Montelukast Sodium, 4 mg, Granules | Granules | 4 | $16.20 |
| 0802601 | | Multi-Symptom Cold | | 626 | $212.84 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200006

**Ship To:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd. East
West Palm Beach 33417
Haiti

Phone#:

**Notify:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd. East
West Palm Beach 33417

Phone#:

**Invoice Reference**
300032
**Order Date:**
10/15/2009
**Ship Date:**
10/15/2009
**Ship Via:**
Delivery

**Special Instructions: FAME Medical Mission Trip. October 15-31, 2009.**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100101 | | APAP 325 mg | | 22,000 | $440.00 |
| 0100102 | | APAP 500 mg | | 550 | $22.00 |
| 0100103 | | APAP 650 mg | | 2,100 | $0.00 |
| 0100106 | | APAP Children's Meltaway 80 mg | | 1,380 | $138.00 |
| 0100107 | | APAP, Infant, 0 5 oz., 80 mg/0.8 ml | 0.5 oz. | 167 | $652.97 |
| 0100108 | | APAP, Infant, 1 oz., 80 mg/0.8 ml | 1 oz. | 25 | $76.72 |
| 0100109 | | APAP, Child, 4 oz , 160 mg/5 ml | 4 oz. | 2 | $5.28 |
| 0100110 | | APAP, Child, 160 mg | | 432 | $73.44 |
| 0100201 | | APAP, 500 mg, PM | | 168 | $8.40 |
| 0100401 | | APAP, Migraine | | 524 | $31.44 |
| 0100501 | | IBU 200 mg | | 7,606 | $304 24 |
| 0100509 | | IBU, Child, 4 oz., 100 mg/5 ml | 4 oz. | 115 | $474.95 |
| 0100701 | | Lidocaine HCL 1% 10 mg/ml | 20 ml | 3 | $39.60 |
| 0100704 | | Lidocaine, 5 G | 5 gm | 2 | $32.00 |
| 0101001 | | APAP/Caffeine 500/65 mg | | 400 | $20.00 |
| 0101401 | | Rizatriptan ( Maxalt) 10 mg | | 7 | $144.27 |
| 0101901 | | Frovatriptan Succinate (Frova) 2.5 mg | | 2 | $34.80 |
| 0102001 | | Zomig 5 mg | | 4 | $96 76 |
| 0200302 | | Amoxicillin 250 mg | | 500 | $125.00 |
| 0200305 | | Amoxicillin, 150 ml, 250 mg/5 ml | 150 ml | 38 | $203.30 |
| 0300101 | | Aspirin 81 mg | | 1,052 | $10.52 |
| 0500101 | | Antacid | | 420 | $8.40 |
| 0500103 | | Calcium Carbonate 750 mg | | 384 | $23.04 |
| 0500106 | | Antacid, Child | | 300 | $60 00 |
| 0500301 | | Bismuth, 262 mg | | 106 | $22 26 |
| 0500303 | | Bismuth, 8 oz, 262 mg/15 ml | 8 oz. | 2 | $0.00 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200008

**Ship To:**
**Del Corazonde Jesucristo**

Dominican Republic

Phone#: (___)___-____

**Notify:**
**Del Corazonde Jesucristo**

Phone#:

**Invoice Reference**
300031
**Order Date:**
07/10/2009

**Ship Date:**
07/10/2009

**Ship Via:**
Delivery

**Special Instructions: FAME Medical Mission Trip. July 10-18, 2009.**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 1200302 | | Valacyclovir HCL, 500 mg | | 5 | $33.35 |
| 1200701 | | Sodium Chloride, 10 ml | 10 ml | 5 | $2.45 |
| 700426 | 3910 | Formula, Baby | 18 | 1 | $72 00 |
| | | **Invoice Totals:** | | **60164** | **$18,491.96** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200008

**Ship To:**
**Del Corazonde Jesucristo**

Dominican Republic

Phone#: (___)___-____

**Notify:**
**Del Corazonde Jesucristo**

Phone#:

**Invoice Reference**
300031
**Order Date:**
07/10/2009

**Ship Date:**
07/10/2009

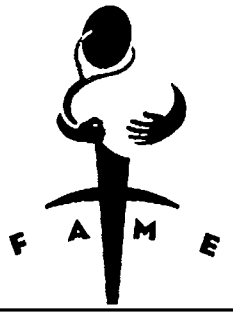
**Ship Via:**
Delivery

**Special Instructions: FAME Medical Mission Trip. July 10-18, 2009.**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0805502 | | Triamcinolone Acetonide (Nasacort), 16.5 G | | 3 | $252.36 |
| 0806001 | | Budesonide/Formoterol 160/4.5 mcg | | 1 | $136 81 |
| 0900201 | | Prednisone, 5 mg | | 2,000 | $80.00 |
| 1000302 | | Iron, 150 mg | | 6 | $1 44 |
| 1000401 | | Multivitamin, Adult | | 12,760 | $765.60 |
| 1000402 | | Multivitamin, Child | | 300 | $18.00 |
| 1000501 | | Prenatal Vitamin | | 2,780 | $83.40 |
| 1000801 | | Potassium, 750 mg | | 90 | $10.80 |
| 1100603 | | Antibiotic Ointment, 0.9 oz. | 0 9 g | 2 | $0 40 |
| 1101102 | | Anti-Fungal cream, 1 oz | 1 oz. | 3 | $16.17 |
| 1101401 | | Ear Wax Drops, 0.5 oz. | 0.5 oz. | 1 | $4.63 |
| 1101701 | | Eye Drops, 0 5 oz. | 0.5 oz. | 40 | $48.00 |
| 1101702 | | Eye Drops, 1 oz. | 1 oz. | 2 | $10.08 |
| 1101705 | | Eye Drops, 1/16 oz. | 1/16 oz. | 10 | $7.50 |
| 1102003 | | Hydrocortisone, 1 oz. | 1 oz. | 101 | $301.99 |
| 1102701 | | Eye Drops, Perscription, 10 ml | 10 ml | 48 | $1,463.52 |
| 1103401 | | Silver Sulfadiazine, 85 G | 85 g | 1 | $8.18 |
| 1103403 | | Silver Sulfadiazine, 25 G | 25 g | 2 | $24 04 |
| 1104002 | | Antibiotic Ointment, 1 oz. | 1 oz. | 1 | $4.94 |
| 1104004 | | Antibiotic Ointment, 0.5 oz. | 0.5 oz. | 12 | $39.84 |
| 1104106 | | Zinc Oxide 10% | 2 oz. | 11 | $32.23 |
| 1104202 | | Diphenhydramine, 1 oz. | 1 oz. | 2 | $7.98 |
| 1104803 | | Hemorrhoidal Suppository | | 24 | $3.36 |
| 1104806 | | Hemorrhoidal Ointment, 1 oz. | 28 g | 1 | $4.11 |
| 1106601 | | Ear Cleansing Solution, 3.3 oz. | 3.3 oz. | 1 | $13.99 |
| 1200301 | | Valacyclovir HCL, 1 G | 1 G | 5 | $52.45 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**




# Invoice

**Consignee#:** 200035

**Ship To:**
**4 Him c/o His Healing Helping Hands International M**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.
Sierra Leone

Phone#: (076)651-386_

**Notify:**
**4 Him c/o His Healing Helping Hands Internatio**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S L.

Hassan Mansaray
Phone#: 033-510-240 or
076-651-383

**Invoice Reference**
300052
**Order Date:**
09/07/2009
**Ship Date:**
09/07/2009
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700031 | 1370 | Blanket, Baby | 18 | 1 | $44.82 |
| 700031 | 1371 | Blanket, Baby | 18 | 1 | $44.82 |
| 700031 | 1372 | Blanket, Baby | 18 | 1 | $44.82 |
| 700031 | 1373 | Blanket, Baby | 18 | 1 | $44.82 |
| 700031 | 1374 | Blanket, Baby | 18 | 1 | $44.82 |
| 700036 | 4512 | Pad, Feminine Hygiene | 600 | 1 | $36.00 |
| 700042 | 1411 | Bandage, Cohesive (Coban) | 200 | 1 | $212.00 |
| 700042 | 1412 | Bandage, Cohesive (Coban) | 200 | 1 | $212.00 |
| 700042 | 4917 | Bandage, Cohesive (Coban) | 32 | 1 | $33.92 |
| 700043 | 1414 | Lubricant, Sterile Surgical Tubes | 18 | 1 | $42.48 |
| 700045 | 1423 | Blade, Surgical Steel | 15 | 1 | $3.60 |
| 700045 | 5000 | Blade, Surgical Steel | 104 | 1 | $24 96 |
| 700054 | 5004 | Remover, Skin Staple | 3 | 1 | $4 98 |
| 700057 | 1448 | Set, IV Extension | 48 | 1 | $55.68 |
| 700057 | 1449 | Set, IV Extension | 48 | 1 | $55.68 |
| 700057 | 1450 | Set, IV Extension | 48 | 1 | $55.68 |
| 700057 | 1451 | Set, IV Extension | 48 | 1 | $55.68 |
| 700057 | 1452 | Set, IV Extension | 48 | 1 | $55 68 |
| 700057 | 1453 | Set, IV Extension | 48 | 1 | $55.68 |
| 700057 | 1455 | Set, IV Extension | 48 | 1 | $55.68 |
| 700057 | 1456 | Set, IV Extension | 48 | 1 | $55.68 |
| 700057 | 1459 | Set, IV Extension | 48 | 1 | $55.68 |
| 700057 | 1460 | Set, IV Extension | 48 | 1 | $55.68 |
| 700057 | 1461 | Set, IV Extension | 48 | 1 | $55.68 |
| 700057 | 1462 | Set, IV Extension | 48 | 1 | $55.68 |
| 700057 | 1463 | Set, IV Extension | 48 | 1 | $55.68 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200035

**Ship To:**
**4 Him c/o His Healing Helping Hands International M**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.
Sierra Leone

Phone#: (076)651-386_

**Notify:**
**4 Him c/o His Healing Helping Hands Internatio**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.

Hassan Mansaray
Phone#: 033-510-240 or
076-651-383

**Invoice Reference**
300052
**Order Date:**
09/07/2009
**Ship Date:**
09/07/2009
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 1105901 | | Lubricating Jelly | 2.7 g | 12 | $0.12 |
| 700015 | 1317 | Leg, Prosthetic | 4 | 1 | $7,112.00 |
| 700015 | 1318 | Leg, Prosthetic | 7 | 1 | $12,446.00 |
| 700019 | 1328 | Appareal, Protective | 30 | 1 | $77.10 |
| 700020 | 1329 | Gown, Disposable | 8 | 1 | $5 04 |
| 700020 | 1330 | Gown, Disposable | 35 | 1 | $22.05 |
| 700020 | 5019 | Gown, Disposable | 18 | 1 | $11 34 |
| 700020 | 5023 | Gown, Disposable | 20 | 1 | $12.60 |
| 700020 | 5024 | Gown, Disposable | 18 | 1 | $11 34 |
| 700020 | 5076 | Gown, Disposable | 17 | 1 | $10.71 |
| 700022 | 1339 | Gown | 24 | 1 | $156.72 |
| 700022 | 1340 | Gown | 31 | 1 | $202.43 |
| 700022 | 1341 | Gown | 24 | 1 | $156.72 |
| 700022 | 1342 | Gown | 21 | 1 | $137.13 |
| 700025 | 1345 | Tray, Shave Prep | 50 | 1 | $20.00 |
| 700025 | 1346 | Tray, Shave Prep | 50 | 1 | $20.00 |
| 700025 | 1348 | Tray, Shave Prep | 50 | 1 | $20.00 |
| 700025 | 1349 | Tray, Shave Prep | 50 | 1 | $20.00 |
| 700025 | 4913 | Tray, Shave Prep | 32 | 1 | $12.80 |
| 700025 | 5074 | Tray, Shave Prep | 32 | 1 | $12.80 |
| 700026 | 4507 | Diaper, Adult | 60 | 1 | $31.20 |
| 700026 | 4508 | Diaper, Adult | 86 | 1 | $44.72 |
| 700026 | 4509 | Diaper, Adult | 212 | 1 | $110 24 |
| 700026 | 4510 | Diaper, Adult | 90 | 1 | $46.80 |
| 700026 | 4511 | Diaper, Adult | 266 | 1 | $138.32 |
| 700031 | 1369 | Blanket, Baby | 18 | 1 | $44.82 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200035

**Ship To:**
**4 Him c/o His Healing Helping Hands International M**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L
Sierra Leone

Phone#: (076)651-386_

**Notify:**
**4 Him c/o His Healing Helping Hands Internatio**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.

Hassan Mansaray
Phone#: 033-510-240 or
076-651-383

**Invoice Reference**
300052
**Order Date:**
09/07/2009

**Ship Date:**
09/07/2009

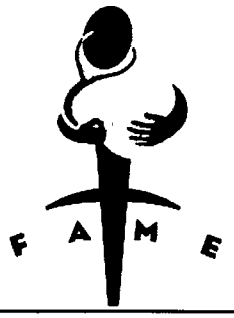
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700061 | 1444 | Adapter, IV Spike | 48 | 1 | $85.92 |
| 700062 | 1445 | Tubing, Microbore Extension Set | 50 | 1 | $69.50 |
| 700063 | 1446 | Set, Microbore Extension | 50 | 1 | $178.00 |
| 700063 | 1559 | Set, Microbore Extension | 78 | 1 | $277.68 |
| 700070 | 1532 | Set, IV Primary | 25 | 1 | $163.75 |
| 700070 | 1533 | Set, IV Primary | 25 | 1 | $163.75 |
| 700070 | 1534 | Set, IV Primary | 25 | 1 | $163.75 |
| 700070 | 1535 | Set, IV Primary | 25 | 1 | $163.75 |
| 700070 | 1536 | Set, IV Primary | 25 | 1 | $163.75 |
| 700070 | 1537 | Set, IV Primary | 25 | 1 | $163.75 |
| 700073 | 1551 | Kit, IV Start | 9 | 1 | $17.19 |
| 700074 | 1552 | Site, Injection | 115 | 1 | $51.75 |
| 700078 | 1560 | Set, IV Infusion | 68 | 1 | $595.68 |
| 700080 | 1577 | Tray, Suction Catheter | 71 | 1 | $157.62 |
| 700081 | 1583 | Bag, Urinary Drain | 50 | 1 | $141.00 |
| 700081 | 4562 | Bag, Urinary Drain | 40 | 1 | $112.80 |
| 700081 | 4649 | Bag, Urinary Drain | 12 | 1 | $33.84 |
| 700081 | 4650 | Bag, Urinary Drain | 14 | 1 | $39.48 |
| 700081 | 4653 | Bag, Urinary Drain | 17 | 1 | $47.94 |
| 700082 | 5062 | Tray, Urethral Catheterization | 16 | 1 | $16.96 |
| 700083 | 1581 | Catheter, Suction | 50 | 1 | $260.00 |
| 700083 | 1582 | Catheter, Suction | 63 | 1 | $327.60 |
| 700083 | 4560 | Catheter, Suction | 236 | 1 | $1,227.20 |
| 700083 | 4918 | Catheter, Suction | 97 | 1 | $504 40 |
| 700083 | 5037 | Catheter, Suction | 75 | 1 | $390 00 |
| 700085 | 1584 | Resuscitator, Ambu Bag | 1 | 1 | $9.20 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**




# Invoice

**Consignee#:** 200035

**Ship To:**
**4 Him c/o His Healing Helping Hands International N**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.
Sierra Leone

Phone#: (076)651-386_

**Notify:**
**4 Him c/o His Healing Helping Hands Internatio**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.

Hassan Mansaray
Phone#: 033-510-240 or
076-651-383

**Invoice Reference**
300052
**Order Date:**
09/07/2009

**Ship Date:**
09/07/2009

**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700057 | 1555 | Set, IV Extension | 50 | 1 | $58.00 |
| 700057 | 1557 | Set, IV Extension | 34 | 1 | $39.44 |
| 700057 | 1561 | Set, IV Extension | 25 | 1 | $29.00 |
| 700057 | 1562 | Set, IV Extension | 25 | 1 | $29.00 |
| 700057 | 1563 | Set, IV Extension | 25 | 1 | $29.00 |
| 700057 | 4655 | Set, IV Extension | 2 | 1 | $2 32 |
| 700057 | 5043 | Set, IV Extension | 81 | 1 | $93.96 |
| 700057 | 5083 | Set, IV Extension | 16 | 1 | $18 56 |
| 700058 | 1436 | Set, IV Administration | 15 | 1 | $20.25 |
| 700058 | 1437 | Set, IV Administration | 15 | 1 | $20.25 |
| 700058 | 1438 | Set, IV Administration | 15 | 1 | $20.25 |
| 700058 | 1439 | Set, IV Administration | 15 | 1 | $20.25 |
| 700058 | 1492 | Set, IV Administration | 25 | 1 | $33.75 |
| 700058 | 1493 | Set, IV Administration | 25 | 1 | $33 75 |
| 700058 | 1494 | Set, IV Administration | 25 | 1 | $33.75 |
| 700058 | 1495 | Set, IV Administration | 25 | 1 | $33.75 |
| 700058 | 1496 | Set, IV Administration | 25 | 1 | $33.75 |
| 700058 | 1498 | Set, IV Administration | 25 | 1 | $33.75 |
| 700058 | 1502 | Set, IV Administration | 25 | 1 | $33.75 |
| 700058 | 1503 | Set, IV Administration | 25 | 1 | $33.75 |
| 700058 | 1504 | Set, IV Administration | 25 | 1 | $33 75 |
| 700058 | 4563 | Set, IV Administration | 14 | 1 | $18.90 |
| 700059 | 1440 | Cannula, IV | 700 | 1 | $490.00 |
| 700059 | 1441 | Cannula, IV | 400 | 1 | $280.00 |
| 700060 | 1442 | Pin, Dispensing | 50 | 1 | $143.50 |
| 700060 | 1443 | Pin, Dispensing | 49 | 1 | $140.63 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200076

**Ship To:**
**Mashoko Christian Hospital**
160 Baines Avenue
P.O. Box 1556
Harare

Phone#: (___)___-____

**Notify:**
**Mashoko Christian Hospital**
160 Baines Avenue
P.O. Box 1556
Harare

Phone#:

**Invoice Reference**
10-002
**Order Date:**
06/05/2010
**Ship Date:**
06/05/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:** 8557983

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100102 | | APAP 500 mg | | 8,989 | $276.78 |
| 0100109 | | APAP, Child, 4 oz., 160 mg/5 ml | 4 oz. | 23 | $51.75 |
| 0100501 | | IBU 200 mg | | 15,210 | $384.60 |
| 0100502 | | IBU 400 mg | | 500 | $100.00 |
| 0100509 | | IBU, Child, 4 oz., 100 mg/5 ml | 4 oz. | 14 | $62.86 |
| 0200603 | | Cephalexin 500 mg | | 2,200 | $286.00 |
| 0200702 | | Ciprofloxacin (Cipro), 500 mg | | 1,000 | $5,380.00 |
| 0200902 | | Erythomycin, 250 mg | | 1,000 | $150.00 |
| 0202901 | | Penicillin VK, 250 mg | | 5,000 | $1,150.00 |
| 0203001 | | Tetracycline, 250 mg | | 5,000 | $1,400.00 |
| 1107701 | | Chapstick | | 3 | $2.16 |
| 700013 | 7945 | Pillow, Standard | 12 | 1 | $67.08 |
| 700016 | 4551 | Stockinette | 1 | 1 | $13.14 |
| 700016 | 8017 | Stockinette | 1 | 1 | $1 03 |
| 700020 | 5510 | Gown, Disposable | 18 | 1 | $18.00 |
| 700020 | 5625 | Gown, Disposable | 45 | 1 | $45.00 |
| 700020 | 5626 | Gown, Disposable | 43 | 1 | $43.00 |
| 700022 | 6252 | Gown | 14 | 1 | $91.42 |
| 700022 | 7975 | Gown | 17 | 1 | $111.01 |
| 700031 | 7951 | Blanket, Baby | 80 | 1 | $446 40 |
| 700037 | 5117 | Sleeve, Compression | 4 | 1 | $31.96 |
| 700037 | 5306 | Sleeve, Compression | 5 | 1 | $39.95 |
| 700039 | 7969 | Book, Various | 29 | 1 | $153.99 |
| 700040 | 7938 | Book, Medical | 58 | 1 | $556.80 |
| 700042 | 8011 | Bandage, Cohesive (Coban) | 1 | 1 | $1.06 |
| 700045 | 8007 | Blade, Surgical Steel | 510 | 1 | $387.60 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200076

**Ship To:**
**Mashoko Christian Hospital**
160 Baines Avenue
P O. Box 1556
Harare

Phone#: (___)___-____

**Notify:**
**Mashoko Christian Hospital**
160 Baines Avenue
P.O Box 1556
Harare

Phone#:

**Invoice Reference**
10-002
**Order Date:**
06/05/2010
**Ship Date:**
06/05/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:** 8557983

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700048 | 6975 | Tape, Cloth | 8 | 1 | $13.60 |
| 700049 | 6509 | Tape, Surgical | 15 | 1 | $26.10 |
| 700064 | 8012 | Chloraprep | 39 | 1 | $64.35 |
| 700081 | 7977 | Bag, Urinary Drain | 1 | 1 | $1.42 |
| 700086 | 7350 | Mask, Tracheotomy | 48 | 1 | $74.88 |
| 700087 | 7351 | Mask, Neonate Face | 17 | 1 | $29.41 |
| 700088 | 7346 | Mask, Oxygen | 17 | 1 | $32.64 |
| 700088 | 7347 | Mask, Oxygen | 15 | 1 | $28 80 |
| 700088 | 7348 | Mask, Oxygen | 16 | 1 | $30.72 |
| 700097 | 7971 | Kit, Tracheotomy Care | 3 | 1 | $4.74 |
| 700099 | 8010 | Handle, Yankauer Suction | 3 | 1 | $1.80 |
| 700112 | 7939 | Tissue, Facial | 21 | 1 | $45.57 |
| 700114 | 7972 | Supplies, Various Tracheotomy | 1 | 1 | $3 09 |
| 700126 | 1706 | Toothbrush, Suction | 15 | 1 | $15.00 |
| 700128 | 1713 | Glove, Exam | 200 | 1 | $6 00 |
| 700129 | 1718 | Glove, Exam | 100 | 1 | $2.00 |
| 700129 | 7053 | Glove, Exam | 800 | 1 | $16.00 |
| 700129 | 7944 | Glove, Exam | 3800 | 1 | $76 00 |
| 700131 | 7965 | Glove, Sterile Surgical | 4000 | 1 | $4,680.00 |
| 700133 | 7953 | Top, Scrub | 33 | 1 | $33.00 |
| 700134 | 7952 | Pant, Scrub | 33 | 1 | $105 27 |
| 700136 | 1792 | Syringe, 60 ml | 16 | 1 | $53 44 |
| 700136 | 7313 | Syringe, 60 ml | 15 | 1 | $50.10 |
| 700142 | 5512 | Syringe, 20 ml | 275 | 1 | $434.50 |
| 700144 | 4276 | Syringe, 10 ml | 96 | 1 | $14.40 |
| 700144 | 8015 | Syringe, 10 ml | 24 | 1 | $3.60 |
| 700147 | 4272 | Syringe, 5 ml | 758 | 1 | $181.92 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200076

**Ship To:**
**Mashoko Christian Hospital**
160 Baines Avenue
P.O. Box 1556
Harare

Phone#: (___)___-____

**Notify:**
**Mashoko Christian Hospital**
160 Baines Avenue
P.O. Box 1556
Harare

Phone#:

**Invoice Reference**
10-002
**Order Date:**
06/05/2010
**Ship Date:**
06/05/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:** 8557983

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700152 | 7978 | Syringe, Insulin | 180 | 1 | $21.60 |
| 700157 | 4277 | Syringe, 10 ml Pre-Fill | 60 | 1 | $34.20 |
| 700163 | 7998 | Needle, 30 G | 100 | 1 | $27.00 |
| 700165 | 7997 | Needle, 27 G | 100 | 1 | $9.00 |
| 700170 | 8020 | Needle, 21 G | 100 | 1 | $15.00 |
| 700173 | 8014 | Needle, 18 G | 55 | 1 | $3.85 |
| 700190 | 7979 | Kit, Dental | 1 | 1 | $27.96 |
| 700214 | 7949 | Glucometer | 10 | 1 | $95.90 |
| 700216 | 8018 | Bandage, Ace | 2 | 1 | $2.40 |
| 700218 | | Mattress, Hospital | | 5 | $634.00 |
| 700220 | 7983 | Toothpaste, large | 24 | 1 | $17.76 |
| 700222 | 7984 | Toothbrush | 29 | 1 | $18.27 |
| 700239 | 7973 | Sling, Arm | 2 | 1 | $12.80 |
| 700242 | 5648 | Splint, Wrist | 2 | 1 | $10 00 |
| 700242 | 6685 | Splint, Wrist | 2 | 1 | $10.00 |
| 700244 | 7989 | Splint, Finger | 4 | 1 | $9.56 |
| 700250 | 7974 | Immobilizer, Shoulder | 2 | 1 | $11.12 |
| 700254 | 7994 | Bandage, Elastic | 18 | 1 | $9.00 |
| 700266 | 5508 | Gown, Surgical | 22 | 1 | $34.98 |
| 700266 | 7257 | Gown, Surgical | 8 | 1 | $12.72 |
| 700272 | 7993 | Dressing, Burn | 6 | 1 | $9 24 |
| 700280 | 8013 | Tray, Skin Prep | 3 | 1 | $1 20 |
| 700294 | 7946 | Catheter, Uretheral | 9 | 1 | $4.50 |
| 700304 | 7962 | Pillow Case | 75 | 1 | $150.00 |
| 700305 | 5622 | Gown, Cover | 7 | 1 | $10.36 |
| 700310 | 8003 | Drape, Utility | 16 | 1 | $8.96 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200076

**Ship To:**
**Mashoko Christian Hospital**
160 Baines Avenue
P O. Box 1556
Harare

Phone#: (___)___-____

**Notify:**
**Mashoko Christian Hospital**
160 Baines Avenue
P.O Box 1556
Harare

Phone#:

**Invoice Reference**
10-002
**Order Date:**
06/05/2010
**Ship Date:**
06/05/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:** 8557983

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700311 | 7937 | Scrubs, box/bag | 75 | 1 | $591.00 |
| 700317 | 7941 | Washcloth | 48 | 1 | $9.60 |
| 700327 | 5132 | Bandage, Cast | 9 | 1 | $78 48 |
| 700327 | 6670 | Bandage, Cast | 10 | 1 | $87 20 |
| 700329 | 7950 | Tray, Dressing Change | 4 | 1 | $7.64 |
| 700339 | 7947 | Instruments, Ortho. (Various) | 103 | 1 | $412.00 |
| 700347 | 7968 | Shoe, Walking | 128 | 1 | $4,094.72 |
| 700353 | 6664 | Pad, Alcohol Prep | 700 | 1 | $14.00 |
| 700353 | 6987 | Pad, Alcohol Prep | 785 | 1 | $15.70 |
| 700353 | 7980 | Pad, Alcohol Prep | 544 | 1 | $5.44 |
| 700354 | 6555 | Cup, Urine Specimen | 37 | 1 | $8.51 |
| 700360 | 7309 | Gauze, 4x4 | 64 | 1 | $1.92 |
| 700361 | 7970 | Dressing, Wound | 22 | 1 | $69.08 |
| 700378 | 7940 | Towel, Personal Care | 244 | 1 | $287.92 |
| 700404 | 7990 | Applicator, Cotton Tip | 46 | 1 | $0.46 |
| 700414 | 5328 | Kit, Urine Collection | 17 | 1 | $12 07 |
| 700414 | 5634 | Kit, Urine Collection | 25 | 1 | $17.75 |
| 700424 | 7284 | Mask, Face | 14 | 1 | $2.94 |
| 700424 | 7355 | Mask, Face | 15 | 1 | $3 15 |
| 700459 | 8001 | Viewer, X-Ray, 2 Panel | 2 | 1 | $200.00 |
| 700470 | | Crutch, Pairs | | 1 | $11.59 |
| 700479 | 8005 | Drape, Laparoscopic | 1 | 1 | $11 62 |
| 700486 | 7981 | Lancet | 2822 | 1 | $56.44 |
| 700503 | 8016 | Dressing, (Tegaderm) Transparent | 3 | 1 | $1.17 |
| 700509 | 7942 | Cup, Drinking | 52 | 1 | $1.04 |
| 700525 | 7985 | Puzzle | 3 | 1 | $15.57 |
| 700527 | 7967 | Bag, Carry-All | 1 | 1 | $3.20 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200076

**Ship To:**
**Mashoko Christian Hospital**
160 Baines Avenue
P.O Box 1556
Harare

Phone#: (___)___-____

**Notify:**
**Mashoko Christian Hospital**
160 Baines Avenue
P.O. Box 1556
Harare

Phone#:

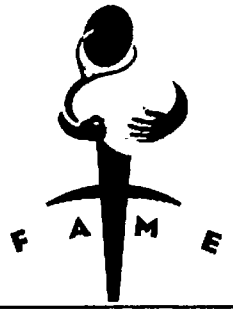
**Invoice Reference**
10-002
**Order Date:**
06/05/2010
**Ship Date:**
06/05/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:** 8557983

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700533 | 7987 | Toy, Stuffed Animal | 3 | 1 | $1.44 |
| 700563 | 5536 | Wheelchair | 1 | 1 | $110.12 |
| 700568 | 7995 | Microscope | 1 | 1 | $283.03 |
| 700572 | 8021 | Bed, Hospital | 1 | 1 | $418.64 |
| 700600 | 7996 | Ejector, Saliva | 400 | 1 | $8.00 |
| 700601 | 8019 | Pad, Abdominal | 1 | 1 | $0.72 |
| 700616 | 8002 | Chair, Office | 3 | 1 | $132 00 |
| 700621 | 7936 | Shelf/Cabinet | 5 | 1 | $67.95 |
| 700625 | 8006 | Cover, Mayo Instrument Stand | 1 | 1 | $1.95 |
| 700648 | 7963 | Clothing, T-Shirt | 40 | 1 | $63.60 |
| 700649 | 7982 | Battery, 9 Volt | 4 | 1 | $1 92 |
| 700650 | 7992 | Tape, Medical | 5 | 1 | $1.00 |
| 700654 | 7943 | Knife, Kitchen | 2 | 1 | $8.78 |
| 700656 | 6980 | Kit, Hygiene | 3 | 1 | $18.00 |
| 700656 | 7123 | Kit, Hygiene | 18 | 1 | $108.00 |
| 700656 | 8022 | Kit, Hygiene | 100 | 1 | $476.00 |
| 700660 | 7948 | Syringe, Misc | 94 | 1 | $14 10 |
| 700686 | 7991 | Pad, Povidone Iodine | 76 | 1 | $2.28 |
| 700702 | 7964 | Computer | 4 | 1 | $489.48 |
| 700706 | 7955 | Stapler, Desk | 6 | 1 | $17.58 |
| 700748 | 7976 | Cutter, Pill | 1 | 1 | $0.80 |
| 700777 | 8004 | Drape, Surgical | 2 | 1 | $12.16 |
| 700779 | 5122 | Lead X-Ray Apron | 1 | 1 | $75.46 |
| 700779 | 5123 | Lead X-Ray Apron | 2 | 1 | $150.92 |
| 700787 | 5151 | Stockinette Plaster Splinting Roll | 1 | 1 | $65.43 |
| 700811 | 7954 | Cabinet, Bedside | 2 | 1 | $778.12 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**




# Invoice

**Consignee#:** 200076

**Ship To:**
**Mashoko Christian Hospital**
160 Baines Avenue
P.O. Box 1556
Harare

Phone#: (___)___-____

**Notify:**
**Mashoko Christian Hospital**
160 Baines Avenue
P.O. Box 1556
Harare

Phone#:

**Invoice Reference**
10-002
**Order Date:**
06/05/2010
**Ship Date:**
06/05/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:** 8557983

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700827 | 8009 | Tubing, Suction | 8 | 1 | $7.36 |
| 700829 | 5389 | Brace, Humeral Fracture | 1 | 1 | $14.39 |
| 700839 | 7958 | Chair, Dental | 2 | 1 | $3,451.20 |
| 700852 | 7986 | Kit, Suture | 2 | 1 | $23.20 |
| 700867 | 7956 | Books | 8 | 1 | $70.32 |
| 700882 | 7961 | Cabinet, File | 2 | 1 | $56.00 |
| 700884 | 7966 | Desk, Office (Used) | 2 | 1 | $80.00 |
| 700892 | 7960 | Chair | 88 | 1 | $1,041.04 |
| 700899 | 8008 | Sponge, Lap | 5 | 1 | $1.35 |
| 700910 | 6673 | Dressing, Kerlix | 11 | 1 | $6.16 |
| 700910 | 6971 | Dressing, Kerlix | 10 | 1 | $5.60 |
| 700925 | 8045 | Supplies, Various Medical | 4743 | 1 | $24,141.87 |
| 700929 | 7959 | Scooter, Power | 2 | 1 | $1,006.92 |
| 700933 | | Household Item | | 656 | $5,110 24 |
| 700934 | | Office Item | | 44 | $1,258.84 |
| 700935 | | Worship Item | | 3 | $20.01 |
| | | **Invoice Totals:** | | **39780** | **$64,103.51** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200076

**Ship To:**
**Mashoko Christian Hospital**
160 Baines Avenue
P.O. Box 1556
Harare

Phone#: (___)___-____

**Notify:**
**Mashoko Christian Hospital**
160 Baines Avenue
P.O. Box 1556
Harare

Phone#:

**Invoice Reference**
10-002
**Order Date:**
06/05/2010
**Ship Date:**
06/05/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:** 8557983

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200008

**Ship To:**
**Del Corazonde Jesucristo**

Dominican Republic

Phone#: (___)___-____

**Notify:**
**Del Corazonde Jesucristo**

Phone#:

**Invoice Reference**
300031
**Order Date:**
07/10/2009

**Ship Date:**
07/10/2009

**Ship Via:**
Delivery

**Special Instructions: FAME Medical Mission Trip. July 10-18, 2009.**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100101 | | APAP 325 mg | | 13,456 | $269.12 |
| 0100103 | | APAP 650 mg | | 3,750 | $0.00 |
| 0100104 | | APAP, Child, 80 mg | | 2,340 | $163.80 |
| 0100106 | | APAP Children's Meltaway 80 mg | | 210 | $21.00 |
| 0100109 | | APAP, Child, 4 oz , 160 mg/5 ml | 4 oz. | 18 | $54.54 |
| 0100201 | | APAP, 500 mg, PM | | 166 | $8.30 |
| 0100301 | | APAP 110mg/ASA 162mg/Salicylamide 152mg/Caff 32 4 | | 200 | $26.00 |
| 0100401 | | APAP, Migraine | | 388 | $23.28 |
| 0100403 | | APAP/ASA/Caffeine 194/227/33 mg | | 100 | $8.00 |
| 0100501 | | IBU 200 mg | | 5,600 | $224.00 |
| 0100509 | | IBU, Child, 4 oz., 100 mg/5 ml | 4 oz. | 45 | $185.85 |
| 0100601 | | Naproxen Sodium 220 mg | | 1,020 | $112.20 |
| 0100701 | | Lidocaine HCL 1% 10 mg/ml | 20 ml | 10 | $132.00 |
| 0100901 | | IBU, PM, 200 mg | | 32 | $8.32 |
| 0101001 | | APAP/Caffeine 500/65 mg | | 200 | $10 00 |
| 0101301 | | APAP/Caffeine/Pyrilamine 500/60/15 mg | | 40 | $6.80 |
| 0102002 | | Zomig 2.5 mg | | 8 | $167.84 |
| 0102101 | | APAP/Pamabrom/Pyrilamine (Pamprin) 500/25/15 mg | | 52 | $6.24 |
| 0200302 | | Amoxicillin 250 mg | | 1,000 | $250.00 |
| 0200303 | | Amoxicillin 500 mg | | 1,000 | $790 00 |
| 0200305 | | Amoxicillin, 150 ml, 250 mg/5 ml | 150 ml | 28 | $149 80 |
| 0200502 | | Ceftriaxone, 1 G | 1 G | 10 | $187.50 |
| 0200602 | | Cephalexin 250 mg | | 1,000 | $360.00 |
| 0200603 | | Cephalexin 500 mg | | 1,000 | $690.00 |
| 0200702 | | Ciprofloxacin (Cipro), 500 mg | | 500 | $2,690.00 |
| 0201301 | | Metronidazole 500 mg | | 300 | $534.00 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200008

**Ship To:**
**Del Corazonde Jesucristo**

Dominican Republic

Phone#: (___)___-____

**Notify:**
**Del Corazonde Jesucristo**

Phone#:

**Invoice Reference**
300031
**Order Date:**
07/10/2009

**Ship Date:**
07/10/2009

**Ship Via:**
Delivery

**Special Instructions: FAME Medical Mission Trip. July 10-18, 2009.**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0201302 | | Metronidazole 250 mg | | 1,000 | $150.00 |
| 0300101 | | Aspirin 81 mg | | 229 | $2.29 |
| 0300901 | | Hydrochlorothiazide 25 mg | | 1,000 | $10.00 |
| 0400301 | | Metformin, 500 mg | | 280 | $193.20 |
| 0500101 | | Antacid | | 246 | $4.92 |
| 0500103 | | Calcium Carbonate 750 mg | | 408 | $24.48 |
| 0500104 | | Calcium Carbonate 1000 mg | | 160 | $8.00 |
| 0500303 | | Bismuth, 8 oz, 262 mg/15 ml | 8 oz. | 2 | $0 00 |
| 0500801 | | Docusate Sodium, Suspension, 50 mg/5 ml | 473 ml | 1 | $9.99 |
| 0500901 | | Emetrol, 4 oz. | 4 oz. | 1 | $8.10 |
| 0501401 | | Omeprazole, 20 mg | | 58 | $26.68 |
| 0501501 | | Pantoprazole (Protonix), 40 mg | | 90 | $373.50 |
| 0501601 | | Ranitidine (Zantac), 75 mg | | 820 | $229.60 |
| 0501701 | | Simethicone, Infant, 1 oz., 20 mg/0.3 ml | 1 oz | 2 | $6.72 |
| 0501702 | | Simethicone, 125 mg | | 60 | $4.20 |
| 0502002 | | Famotidine, 20 mg | | 25 | $1.75 |
| 0502101 | | Lansoprazole (Prevacid), 30 mg | | 15 | $67.05 |
| 0502202 | | Calcium/Magnesium 675/135 mg | | 160 | $6.40 |
| 0502901 | | Rabeprazole Sodium (Aciphex) 20 mg | | 5 | $1.90 |
| 0503001 | | Sennoside, 25 mg | | 24 | $7.44 |
| 0504101 | | Balsalazide 750 mg | | 36 | $61.56 |
| 0504301 | | Esomeprazole Magnesium, 40 mg | | 5 | $24.30 |
| 0700601 | | Clotrimazole, 1%, 1.5 oz. | 1.5 oz. | 20 | $99.80 |
| 0800301 | | APAP/Dextromethorphan, Chil Susp. 4 oz., 160/5 mg | 4 oz. | 3 | $15.59 |
| 0800401 | | APAP/Phenylephrine 325/5 mg | | 24 | $1.20 |
| 0800402 | | APAP/Phenylephrine 500/5 mg | | 8 | $0.40 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200008

**Ship To:**
**Del Corazonde Jesucristo**

Dominican Republic

Phone#: (___)___-____

**Notify:**
**Del Corazonde Jesucristo**

Phone#:

**Invoice Reference**
300031
**Order Date:**
07/10/2009

**Ship Date:**
07/10/2009

**Ship Via:**
Delivery

**Special Instructions: FAME Medical Mission Trip. July 10-18, 2009.**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0801201 | | Dextromethrophan/Phenylephrine 4 oz., 5/2.5 mg | 4 oz | 3 | $17.28 |
| 0801301 | | Diphenhydramine, Child, 4 oz., 12.5 mg/5 ml | 4 oz. | 3 | $6.60 |
| 0801303 | | Diphenhydramine, 25 mg | | 227 | $4.54 |
| 0801501 | | Diphenhydramine/Phenylephrine, Child 6.25/2.5 mg | 4 oz. | 1 | $2.95 |
| 0801503 | | Diphenhydramine/Phenylephrine 12.5/10 mg | | 24 | $6.24 |
| 0801504 | | Diphehydramine/Phenylephrine 12.5/5 mg/5ml | 4 oz. | 2 | $4.96 |
| 0801903 | | Guaifenesin/Phenylephrine 400/10 mg | | 60 | $46.20 |
| 0802003 | | Guaifenesin/Pseudoephedrine 600/60 mg | | 14 | $4.06 |
| 0802202 | | Loratadine, 10 mg | | 90 | $6.30 |
| 0802401 | | Cough Drop | | 149 | $14.90 |
| 0802502 | | Montelukast Sodium (Singulair) 5 mg | | 145 | $471 25 |
| 0802601 | | Multi-Symptom Cold | | 3,222 | $1,095.48 |
| 0802604 | | Multi-Symptom Cold, 10 oz. | 10 oz | 3 | $16 47 |
| 0802701 | | Phenylephrine HCL, Child, 4 oz., 2 5 mg/5 ml | 4 oz. | 1 | $5 65 |
| 0802702 | | Phenylephrine HCL, 10 mg | | 622 | $31.10 |
| 0802704 | | Phenylephrine, 0 5 oz. | 0 5 oz. | 1 | $3.66 |
| 0803203 | | Albuterol Sulfate, 8 g, 90 mcg | 8 g | 2 | $36.00 |
| 0803601 | | Nasonex, 50 mcg, 17 G | 17 g | 3 | $233.55 |
| 0803602 | | Nasonex, 220 mcg | | 15 | $1,760.70 |
| 0803802 | | Fluticasone Propionate | 12 G | 3 | $281.97 |
| 0803901 | | Oxymetazoline, 1 oz. | 1 oz. | 7 | $27.93 |
| 0804101 | | Advair, 250/50 mcg | | 3 | $9.72 |
| 0804403 | | Chlorpheniramine/Dextromethorphan 4/30 mg | | 32 | $9.92 |
| 0804802 | | Budesodine 180 mcg | | 5 | $684 85 |
| 0804901 | | Beclomethasone Diproplonate, 7.3 g, 80 mcg | 7.3 g | 32 | $1,632.00 |
| 0804902 | | Beclomethasone Diproplonate, 7.3 g, 40 mcg (Qvar) | 7.3 g | 2 | $140.00 |
| 0805102 | | Phenylephrine/Chlorpheniramine 10/4 mg | | 120 | $20.40 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200035

**Ship To:**
**4 Him c/o His Healing Helping Hands International M**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L
Sierra Leone

Phone#: (076)651-386_

**Notify:**
**4 Him c/o His Healing Helping Hands Internatio**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.

Hassan Mansaray
Phone#: 033-510-240 or
076-651-383

**Invoice Reference**
300052
**Order Date:**
09/07/2009
**Ship Date:**
09/07/2009
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700085 | 1585 | Resuscitator, Ambu Bag | 1 | 1 | $9 20 |
| 700085 | 1586 | Resuscitator, Ambu Bag | 8 | 1 | $73.60 |
| 700085 | 4280 | Resuscitator, Ambu Bag | 8 | 1 | $73.60 |
| 700085 | 4525 | Resuscitator, Ambu Bag | 9 | 1 | $82.80 |
| 700085 | 4906 | Resuscitator, Ambu Bag | 20 | 1 | $184.00 |
| 700085 | 4907 | Resuscitator, Ambu Bag | 20 | 1 | $184.00 |
| 700086 | 1587 | Mask, Tracheotomy | 29 | 1 | $45.24 |
| 700086 | 4533 | Mask, Tracheotomy | 73 | 1 | $113.88 |
| 700087 | 1588 | Mask, Neonate Face | 31 | 1 | $53.63 |
| 700088 | 1589 | Mask, Oxygen | 44 | 1 | $84.48 |
| 700088 | 1590 | Mask, Oxygen | 16 | 1 | $30.72 |
| 700088 | 1591 | Mask, Oxygen | 16 | 1 | $30.72 |
| 700088 | 1592 | Mask, Oxygen | 24 | 1 | $46 08 |
| 700088 | 4529 | Mask, Oxygen | 20 | 1 | $38.40 |
| 700090 | 1596 | Box, Pill Reminder | 46 | 1 | $51.06 |
| 700091 | 1597 | Cuff, Blood Pressure | 18 | 1 | $1,838 16 |
| 700092 | 1598 | Monitor, Digital Blood Pressure | 5 | 1 | $380 35 |
| 700093 | 1599 | Sponge, Drain | 35 | 1 | $10 50 |
| 700093 | 4547 | Sponge, Drain | 126 | 1 | $37.80 |
| 700093 | 4926 | Sponge, Drain | 600 | 1 | $180.00 |
| 700093 | 4927 | Sponge, Drain | 500 | 1 | $150 00 |
| 700093 | 4958 | Sponge, Drain | 279 | 1 | $83.70 |
| 700094 | 4957 | Closure, Wound, Tegaderm | 165 | 1 | $389.40 |
| 700095 | 4506 | Holder, Tracheotomy Tube | 90 | 1 | $342.00 |
| 700095 | 4899 | Holder, Tracheotomy Tube | 90 | 1 | $342.00 |
| 700095 | 5035 | Holder, Tracheotomy Tube | 77 | 1 | $292.60 |

**FAME**
**4545 Southeastern Avenue**
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# Invoice

**Consignee#:** 200035

**Ship To:**
**4 Him c/o His Healing Helping Hands International M**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.
Sierra Leone

Phone#: (076)651-386_

**Notify:**
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Hassan Mansaray
Phone#: 033-510-240 or
076-651-383

**Invoice Reference**
300052
**Order Date:**
09/07/2009
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09/07/2009
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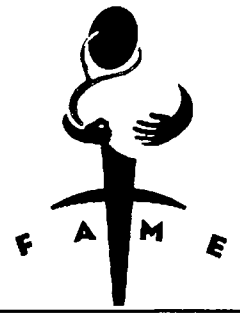
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700096 | 1637 | Tube, Tracheotomy | 188 | 1 | $7,623.40 |
| 700096 | 4528 | Tube, Tracheotomy | 20 | 1 | $811 00 |
| 700096 | 5077 | Tube, Tracheotomy | 19 | 1 | $770.45 |
| 700097 | 4282 | Kit, Tracheotomy Care | 18 | 1 | $21.78 |
| 700097 | 4544 | Kit, Tracheotomy Care | 80 | 1 | $96.80 |
| 700097 | 4556 | Kit, Tracheotomy Care | 27 | 1 | $32.67 |
| 700097 | 4908 | Kit, Tracheotomy Care | 33 | 1 | $39.93 |
| 700099 | 1625 | Handle, Yankauer Suction | 18 | 1 | $10.80 |
| 700100 | 1626 | Instrument, Yankauer Suction | 17 | 1 | $24.14 |
| 700101 | 1627 | Tube, Suction | 24 | 1 | $34.80 |
| 700102 | 1628 | Device, Suction, Preemie | 50 | 1 | $136.50 |
| 700103 | 1629 | Circuit, Breathing | 5 | 1 | $103.80 |
| 700103 | 5029 | Circuit, Breathing | 10 | 1 | $207.60 |
| 700104 | 1630 | Circuit, Breathing, Pediatric | 22 | 1 | $472.78 |
| 700104 | 1631 | Circuit, Breathing, Pediatric | 10 | 1 | $214.90 |
| 700105 | 1632 | Tubing, Connective | 7 | 1 | $43.33 |
| 700106 | 1633 | Kit, Nebulizer | 13 | 1 | $163.80 |
| 700106 | 4527 | Kit, Nebulizer | 9 | 1 | $113.40 |
| 700107 | 1634 | Kit, Nebulizer Mouthpiece | 24 | 1 | $80.16 |
| 700108 | 1635 | Nebulizer, Large Volume | 8 | 1 | $981 28 |
| 700109 | 1636 | Tubing, Nebulizer | 22 | 1 | $70.40 |
| 700109 | 1638 | Tubing, Nebulizer | 32 | 1 | $102 40 |
| 700110 | 1639 | Kit, Suction Catheter Tracheotomy | 50 | 1 | $132 00 |
| 700110 | 1640 | Kit, Suction Catheter Tracheotomy | 50 | 1 | $132.00 |
| 700110 | 1641 | Kit, Suction Catheter Tracheotomy | 50 | 1 | $132.00 |
| 700110 | 1642 | Kit, Suction Catheter Tracheotomy | 50 | 1 | $132.00 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**




# Invoice

**Consignee#:** 200035

**Ship To:**
**4 Him c/o His Healing Helping Hands International M**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S L.
Sierra Leone

Phone#: (076)651-386_

**Notify:**
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3 C Upper Mellon Street
Wellington, Freetown
Republic of S L.

Hassan Mansaray
Phone#: 033-510-240 or
076-651-383

**Invoice Reference**
300052
**Order Date:**
09/07/2009
**Ship Date:**
09/07/2009
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700110 | 1643 | Kit, Suction Catheter Tracheotomy | 50 | 1 | $132.00 |
| 700110 | 1644 | Kit, Suction Catheter Tracheotomy | 50 | 1 | $132.00 |
| 700110 | 1645 | Kit, Suction Catheter Tracheotomy | 40 | 1 | $105.60 |
| 700110 | 1646 | Kit, Suction Catheter Tracheotomy | 50 | 1 | $132.00 |
| 700110 | 1647 | Kit, Suction Catheter Tracheotomy | 50 | 1 | $132.00 |
| 700110 | 1648 | Kit, Suction Catheter Tracheotomy | 50 | 1 | $132.00 |
| 700110 | 1649 | Kit, Suction Catheter Tracheotomy | 50 | 1 | $132.00 |
| 700110 | 1650 | Kit, Suction Catheter Tracheotomy | 50 | 1 | $132.00 |
| 700110 | 4531 | Kit, Suction Catheter Tracheotomy | 80 | 1 | $211.20 |
| 700111 | 4558 | Kit, Suction Catheter | 300 | 1 | $1,497.00 |
| 700111 | 4559 | Kit, Suction Catheter | 119 | 1 | $593.81 |
| 700111 | 4568 | Kit, Suction Catheter | 90 | 1 | $449 10 |
| 700111 | 4647 | Kit, Suction Catheter | 9 | 1 | $44.91 |
| 700112 | 5087 | Tissue, Facial | 20 | 1 | $32.80 |
| 700114 | 1690 | Supplies, Various Tracheotomy | 205 | 1 | $633 45 |
| 700115 | 1691 | Tubing, Ventilator | 8 | 1 | $44.80 |
| 700115 | 4903 | Tubing, Ventilator | 1 | 1 | $5.60 |
| 700115 | 4904 | Tubing, Ventilator | 1 | 1 | $5.60 |
| 700115 | 4905 | Tubing, Ventilator | 1 | 1 | $5.60 |
| 700115 | 5034 | Tubing, Ventilator | 47 | 1 | $263.20 |
| 700116 | 1692 | Thermovent | 94 | 1 | $450.26 |
| 700116 | 4505 | Thermovent | 60 | 1 | $287.40 |
| 700117 | 1693 | Catheter, Male External | 96 | 1 | $1,152.00 |
| 700117 | 4285 | Catheter, Male External | 100 | 1 | $1,200.00 |
| 700118 | 1694 | Tray, Allergy Syringe | 39 | 1 | $78 00 |
| 700119 | 1695 | Ball, Cotton | 130 | 1 | $1.30 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200035

**Ship To:**
**4 Him c/o His Healing Helping Hands International M**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.
Sierra Leone

Phone#: (076)651-386_

**Notify:**
**4 Him c/o His Healing Helping Hands Internatio**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S L.

Hassan Mansaray
Phone#: 033-510-240 or
076-651-383

**Invoice Reference**
300052
**Order Date:**
09/07/2009
**Ship Date:**
09/07/2009
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700121 | 4953 | Wipe, Adhesive Remover | 2130 | 1 | $85.20 |
| 700129 | 5056 | Glove, Exam | 20000 | 1 | $400.00 |
| 700129 | 5057 | Glove, Exam | 10000 | 1 | $200.00 |
| 700129 | 5058 | Glove, Exam | 10000 | 1 | $200.00 |
| 700129 | 5059 | Glove, Exam | 10000 | 1 | $200.00 |
| 700131 | 4902 | Glove, Sterile Surgical | 74 pairs | 1 | $60.00 |
| 700136 | 5079 | Syringe, 60 ml | 49 | 1 | $163.66 |
| 700144 | 4939 | Syringe, 10 ml | 100 | 1 | $15.00 |
| 700148 | 5078 | Syringe, 12 ml with needle | 99 | 1 | $25.74 |
| 700153 | 5065 | Syringe, 3 ml | 100 | 1 | $10.00 |
| 700157 | 5061 | Syringe, 10 ml Pre-Fill | 12 | 1 | $6 84 |
| 700180 | 5030 | Holder, Tube, Blood Collection | 25 | 1 | $2.75 |
| 700180 | 5031 | Holder, Tube, Blood Collection | 20 | 1 | $2.20 |
| 700180 | 5032 | Holder, Tube, Blood Collection | 25 | 1 | $2 75 |
| 700180 | 5033 | Holder, Tube, Blood Collection | 25 | 1 | $2.75 |
| 700196 | 5016 | Scissors, Suture | 55 | 1 | $175.45 |
| 700216 | 5038 | Bandage, Ace | 33 | 1 | $39.60 |
| 700218 | | Mattress, Hospital | | 16 | $815 84 |
| 700223 | | Commode, Bedside | | 14 | $379.40 |
| 700240 | 4900 | Collar, Cervical | 4 | 1 | $22 36 |
| 700240 | 4920 | Collar, Cervical | 7 | 1 | $39.13 |
| 700240 | 4938 | Collar, Cervical | 8 | 1 | $44 72 |
| 700240 | 5025 | Collar, Cervical | 11 | 1 | $61.49 |
| 700240 | 5026 | Collar, Cervical | 21 | 1 | $117.39 |
| 700254 | 4950 | Bandage, Elastic | 19 | 1 | $19.76 |
| 700262 | 4504 | Cannula, Nasal | 11 | 1 | $0 33 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200035

**Ship To:**
**4 Him c/o His Healing Helping Hands International M**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.
Sierra Leone

Phone#: (076)651-386_

**Notify:**
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3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.

Hassan Mansaray
Phone#: 033-510-240 or
076-651-383

**Invoice Reference**
300052
**Order Date:**
09/07/2009
**Ship Date:**
09/07/2009
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700262 | 4520 | Cannula, Nasal | 31 | 1 | $0.93 |
| 700262 | 4521 | Cannula, Nasal | 19 | 1 | $0 57 |
| 700262 | 4522 | Cannula, Nasal | 60 | 1 | $1 80 |
| 700262 | 4523 | Cannula, Nasal | 53 | 1 | $1.59 |
| 700262 | 4524 | Cannula, Nasal | 69 | 1 | $2.07 |
| 700262 | 4549 | Cannula, Nasal | 50 | 1 | $1 50 |
| 700262 | 4667 | Cannula, Nasal | 34 | 1 | $1.02 |
| 700266 | 4928 | Gown, Surgical | 18 | 1 | $28.62 |
| 700266 | 4933 | Gown, Surgical | 18 | 1 | $28.62 |
| 700271 | 4657 | Kit, Catheter Insertion | 6 | 1 | $12.12 |
| 700272 | 4951 | Dressing, Burn | 16 | 1 | $24.64 |
| 700275 | 4534 | Tubing, Medi-Vac/Oxygen | 38 | 1 | $30.40 |
| 700281 | 5080 | Set, IV Solution | 21 | 1 | $80.01 |
| 700281 | 5081 | Set, IV Solution | 45 | 1 | $171 45 |
| 700283 | 4998 | Speculum, Vaginal | 1 | 1 | $3.99 |
| 700283 | 4999 | Speculum, Vaginal | 1 | 1 | $3.99 |
| 700283 | 5066 | Speculum, Vaginal | 29 | 1 | $115.71 |
| 700285 | 4677 | Catheter, Foley | 204 | 1 | $1,466 76 |
| 700285 | 4911 | Catheter, Foley | 80 | 1 | $575.20 |
| 700285 | 4912 | Catheter, Foley | 14 | 1 | $100.66 |
| 700285 | 4940 | Catheter, Foley | 53 | 1 | $381.07 |
| 700285 | 5067 | Catheter, Foley | 14 | 1 | $100.66 |
| 700285 | 5068 | Catheter, Foley | 29 | 1 | $208.51 |
| 700285 | 5069 | Catheter, Foley | 30 | 1 | $215.70 |
| 700289 | 4832 | Set, IV Tubing | 25 | 1 | $30 00 |
| 700289 | 4836 | Set, IV Tubing | 25 | 1 | $30.00 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200035

**Ship To:**
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3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L
Sierra Leone

Phone#: (076)651-386_

**Notify:**
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Hassan Mansaray
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**Invoice Reference**
300052
**Order Date:**
09/07/2009
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Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700289 | 4837 | Set, IV Tubing | 25 | 1 | $30 00 |
| 700289 | 4838 | Set, IV Tubing | 25 | 1 | $30.00 |
| 700289 | 4839 | Set, IV Tubing | 25 | 1 | $30 00 |
| 700289 | 4840 | Set, IV Tubing | 25 | 1 | $30.00 |
| 700289 | 4841 | Set, IV Tubing | 25 | 1 | $30.00 |
| 700289 | 4846 | Set, IV Tubing | 25 | 1 | $30.00 |
| 700289 | 4847 | Set, IV Tubing | 25 | 1 | $30.00 |
| 700289 | 4848 | Set, IV Tubing | 25 | 1 | $30.00 |
| 700289 | 4849 | Set, IV Tubing | 25 | 1 | $30 00 |
| 700289 | 4854 | Set, IV Tubing | 25 | 1 | $30.00 |
| 700289 | 4855 | Set, IV Tubing | 25 | 1 | $30 00 |
| 700289 | 4856 | Set, IV Tubing | 25 | 1 | $30.00 |
| 700289 | 4857 | Set, IV Tubing | 25 | 1 | $30 00 |
| 700289 | 4858 | Set, IV Tubing | 25 | 1 | $30.00 |
| 700291 | 4565 | Gauze, Rolled | 100 | 1 | $145 00 |
| 700291 | 4944 | Gauze, Rolled | 165 | 1 | $239.25 |
| 700297 | 4526 | Circuit, Anesthesia Breathing | 17 | 1 | $471.41 |
| 700297 | 4735 | Circuit, Anesthesia Breathing | 20 | 1 | $72 00 |
| 700297 | 4736 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4737 | Circuit, Anesthesia Breathing | 20 | 1 | $72 00 |
| 700297 | 4738 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4739 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4740 | Circuit, Anesthesia Breathing | 20 | 1 | $72 00 |
| 700297 | 4741 | Circuit, Anesthesia Breathing | 20 | 1 | $72 00 |
| 700297 | 4742 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4744 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |

**FAME**
**4545 Southeastern Avenue**
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# Invoice

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**Ship To:**
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300052
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09/07/2009

**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700297 | 4747 | Circuit, Anesthesia Breathing | 20 | 1 | $72 00 |
| 700297 | 4757 | Circuit, Anesthesia Breathing | 20 | 1 | $72 00 |
| 700297 | 4760 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4761 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4763 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4764 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4765 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4767 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4768 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4769 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4771 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4774 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4775 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4777 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4779 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4780 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4782 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4783 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4784 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4785 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4787 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4788 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4795 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 4930 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 5027 | Circuit, Anesthesia Breathing | 20 | 1 | $72.00 |
| 700297 | 5028 | Circuit, Anesthesia Breathing | 20 | 1 | $72 00 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200035

**Ship To:**
**4 Him c/o His Healing Helping Hands International M**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.
Sierra Leone

Phone#: (076)651-386_

**Notify:**
**4 Him c/o His Healing Helping Hands Internatio**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.

Hassan Mansaray
Phone#: 033-510-240 or
076-651-383

**Invoice Reference**
300052
**Order Date:**
09/07/2009
**Ship Date:**
09/07/2009
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700303 | 5085 | Drape, Sterile | 6 | 1 | $1.32 |
| 700308 | 4910 | Underpad | 253 | 1 | $43.01 |
| 700308 | 5073 | Underpad | 141 | 1 | $23.97 |
| 700311 | 5089 | Scrubs, box/bag | 50 | 1 | $100 00 |
| 700312 | 4656 | Kit, Closed Catheter System | 10 | 1 | $33.10 |
| 700317 | 4975 | Washcloth | 512 | 1 | $15.36 |
| 700317 | 4976 | Washcloth | 512 | 1 | $15 36 |
| 700317 | 4977 | Washcloth | 512 | 1 | $15.36 |
| 700317 | 4978 | Washcloth | 512 | 1 | $15 36 |
| 700317 | 4979 | Washcloth | 512 | 1 | $15.36 |
| 700317 | 4980 | Washcloth | 512 | 1 | $15.36 |
| 700317 | 4981 | Washcloth | 512 | 1 | $15.36 |
| 700327 | 5070 | Bandage, Cast | 41 | 1 | $357.52 |
| 700331 | 4519 | Gauze Pad | 153 | 1 | $9.18 |
| 700331 | 4929 | Gauze Pad | 1150 | 1 | $69.00 |
| 700335 | 4991 | Forcep | 3 | 1 | $3.57 |
| 700335 | 4995 | Forcep | 3 | 1 | $3.57 |
| 700335 | 5013 | Forcep | 2 | 1 | $2.38 |
| 700335 | 5014 | Forcep | 18 | 1 | $21.42 |
| 700335 | 5084 | Forcep | 16 | 1 | $19.04 |
| 700340 | 4990 | Hemostat | 3 | 1 | $10.71 |
| 700340 | 5003 | Hemostat | 32 | 1 | $114.24 |
| 700340 | 5007 | Hemostat | 3 | 1 | $10 71 |
| 700340 | 5008 | Hemostat | 96 | 1 | $342.72 |
| 700340 | 5010 | Hemostat | 20 | 1 | $71.40 |
| 700340 | 5011 | Hemostat | 45 | 1 | $160 65 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200035

**Ship To:**
**4 Him c/o His Healing Helping Hands International N**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.
Sierra Leone

Phone#: (076)651-386_

**Notify:**
**4 Him c/o His Healing Helping Hands Internatio**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.

Hassan Mansaray
Phone#: 033-510-240 or
076-651-383

**Invoice Reference**
300052
**Order Date:**
09/07/2009

**Ship Date:**
09/07/2009

**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700340 | 5012 | Hemostat | 5 | 1 | $17.85 |
| 700341 | 5005 | Handle, Surgical Knife | 1 | 1 | $0.03 |
| 700344 | 4996 | Scissors, Various Medical | 5 | 1 | $15.90 |
| 700344 | 5017 | Scissors, Various Medical | 11 | 1 | $34.98 |
| 700344 | 5018 | Scissors, Various Medical | 20 | 1 | $63.60 |
| 700345 | 4922 | Cup, Communion | 1000 | 1 | $17.20 |
| 700345 | 4923 | Cup, Communion | 1000 | 1 | $17.20 |
| 700345 | 4924 | Cup, Communion | 1000 | 1 | $17.20 |
| 700345 | 4925 | Cup, Communion | 1000 | 1 | $17.20 |
| 700353 | 4945 | Pad, Alcohol Prep | 1244 | 1 | $24.88 |
| 700354 | 5063 | Cup, Urine Specimen | 47 | 1 | $10.81 |
| 700354 | 5064 | Cup, Urine Specimen | 100 | 1 | $23.00 |
| 700356 | 5001 | Basin, Emesis | 1 | 1 | $0.21 |
| 700359 | 4956 | Gauze, 2x2 | 765 | 1 | $7.65 |
| 700360 | 4546 | Gauze, 4x4 | 120 | 1 | $3 60 |
| 700360 | 4954 | Gauze, 4x4 | 537 | 1 | $16 11 |
| 700361 | 4943 | Dressing, Wound | 11 | 1 | $136 40 |
| 700361 | 4952 | Dressing, Wound | 11 | 1 | $136 40 |
| 700368 | 4959 | Pad, Eye | 204 | 1 | $38.76 |
| 700392 | 5082 | Razors, Disposable | 38 | 1 | $6.84 |
| 700404 | 4645 | Applicator, Cotton Tip | 455 | 1 | $9.10 |
| 700404 | 4646 | Applicator, Cotton Tip | 1356 | 1 | $27.12 |
| 700424 | 5086 | Mask, Face | 262 | 1 | $55.02 |
| 700425 | 4909 | Bracelet, Patient ID | 1600 | 1 | $144.00 |
| 700431 | 5036 | Suture | 532 | 1 | $133.00 |
| 700449 | 4914 | Airway, various | 1 | 1 | $2.14 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200035

**Ship To:**
**4 Him c/o His Healing Helping Hands International M**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.
Sierra Leone

Phone#: (076)651-386_

**Notify:**
**4 Him c/o His Healing Helping Hands Internatio**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S L.

Hassan Mansaray
Phone#: 033-510-240 or
076-651-383

**Invoice Reference**
300052
**Order Date:**
09/07/2009

**Ship Date:**
09/07/2009

**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700449 | 4915 | Airway, various | 1 | 1 | $2.14 |
| 700449 | 4916 | Airway, various | 1 | 1 | $2.14 |
| 700458 | 5045 | Table, Exam, Manual | 1 | 1 | $599 73 |
| 700458 | 5046 | Table, Exam, Manual | 1 | 1 | $599.73 |
| 700470 | | Crutch, Pairs | | 30 | $347.70 |
| 700485 | 4648 | Kit, Catheter and Glove | 38 | 1 | $28 50 |
| 700498 | 4670 | Tray, Foley Catheter | 7 | 1 | $10.43 |
| 700510 | 5002 | Basin | 5 | 1 | $9.00 |
| 700531 | 5009 | Scissors, Child | 8 | 1 | $3.12 |
| 700543 | 4530 | Mask, Non-rebreather | 10 | 1 | $11.80 |
| 700550 | 4963 | Bottle, Medicine (For Suspension) | 89 | 1 | $103.24 |
| 700550 | 4964 | Bottle, Medicine (For Suspension) | 65 | 1 | $75.40 |
| 700550 | 4965 | Bottle, Medicine (For Suspension) | 148 | 1 | $171 68 |
| 700550 | 4966 | Bottle, Medicine (For Suspension) | 21 | 1 | $24.36 |
| 700550 | 4967 | Bottle, Medicine (For Suspension) | 134 | 1 | $155 44 |
| 700550 | 4968 | Bottle, Medicine (For Suspension) | 140 | 1 | $162.40 |
| 700563 | 5048 | Wheelchair | 3 | 1 | $330.36 |
| 700563 | 5049 | Wheelchair | 1 | 1 | $110 12 |
| 700563 | 5090 | Wheelchair | 6 | 1 | $660.72 |
| 700567 | 5054 | Incubator, Infant (Isolettes) | 4 | 1 | $2,665.60 |
| 700574 | 5040 | Cushion, Wheel Chair | 12 | 1 | $95.52 |
| 700577 | 4969 | Bench, Shower/Bath | 12 | 1 | $671.88 |
| 700578 | 4994 | Walker, Rolling | 3 | 1 | $189.60 |
| 700593 | 4942 | Bandaid | 1157 | 1 | $69.42 |
| 700595 | 4901 | Canister, Suction | 10 | 1 | $577.60 |
| 700596 | 4550 | Kit, Suture Removal | 232 | 1 | $287.68 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200035

**Ship To:**
**4 Him c/o His Healing Helping Hands International M**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.
Sierra Leone

Phone#: (076)651-386_

**Notify:**
**4 Him c/o His Healing Helping Hands Internatio**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.

Hassan Mansaray
Phone#: 033-510-240 or
076-651-383

**Invoice Reference**
300052
**Order Date:**
09/07/2009

**Ship Date:**
09/07/2009

**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700596 | 4659 | Kit, Suture Removal | 16 | 1 | $19.84 |
| 700601 | 4566 | Pad, Abdominal | 380 | 1 | $273.60 |
| 700601 | 4669 | Pad, Abdominal | 36 | 1 | $25.92 |
| 700601 | 5088 | Pad, Abdominal | 37 | 1 | $26 64 |
| 700603 | 5042 | Syringe, Irrigation Piston | 40 | 1 | $37.20 |
| 700617 | 5053 | Walker, Standard | 28 | 1 | $597.24 |
| 700618 | 5044 | Gurney | 2 | 1 | $2,132.80 |
| 700651 | 4962 | Dressing, Sterile | 527 | 1 | $484.84 |
| 700679 | 4286 | Curette | 100 | 1 | $4,000.00 |
| 700681 | 4660 | Bandage, Compression | 963 | 1 | $1,425.24 |
| 700686 | 4960 | Pad, Povidone Iodine | 317 | 1 | $9.51 |
| 700750 | 5051 | Table, Treatment | 2 | 1 | $1,743.74 |
| 700756 | 4532 | Exerciser, Volumetric | 5 | 1 | $35.00 |
| 700760 | 4866 | Sponge, Tonsil | 100 | 1 | $57.00 |
| 700760 | 4867 | Sponge, Tonsil | 100 | 1 | $57.00 |
| 700760 | 4868 | Sponge, Tonsil | 100 | 1 | $57.00 |
| 700760 | 4873 | Sponge, Tonsil | 100 | 1 | $57.00 |
| 700760 | 4874 | Sponge, Tonsil | 100 | 1 | $57.00 |
| 700760 | 4875 | Sponge, Tonsil | 100 | 1 | $57.00 |
| 700760 | 5041 | Sponge, Tonsil | 94 | 1 | $53.58 |
| 700763 | 4921 | Kit, Pre-Lubed Catheter | 47 | 1 | $676.80 |
| 700764 | 4931 | Kit, Wound Debridement | 10 | 1 | $137.00 |
| 700765 | 4932 | Needle, Safety | 450 | 1 | $202 50 |
| 700766 | 4934 | Pacifier | 144 | 1 | $108.00 |
| 700766 | 4935 | Pacifier | 144 | 1 | $108.00 |
| 700766 | 4936 | Pacifier | 144 | 1 | $108.00 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200035

**Ship To:**
**4 Him c/o His Healing Helping Hands International N**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S L.
Sierra Leone

Phone#: (076)651-386_

**Notify:**
**4 Him c/o His Healing Helping Hands Internatio**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.

Hassan Mansaray
Phone#: 033-510-240 or
076-651-383

**Invoice Reference**
300052
**Order Date:**
09/07/2009
**Ship Date:**
09/07/2009
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700766 | 4937 | Pacifier | 144 | 1 | $108.00 |
| 700767 | 4941 | Jug, 3000 ml | 3 | 1 | $24 99 |
| 700768 | 4946 | Burn Gel | 25 | 1 | $10 71 |
| 700768 | 4947 | Burn Gel | 25 | 1 | $10.71 |
| 700768 | 4948 | Burn Gel | 25 | 1 | $10 71 |
| 700768 | 4949 | Burn Gel | 25 | 1 | $10.71 |
| 700769 | 4955 | Kit, C-Section Care/Recovery | 154 | 1 | $11,380.60 |
| 700770 | 4983 | Clock | 20 | 1 | $72 00 |
| 700770 | 4984 | Clock | 20 | 1 | $72.00 |
| 700770 | 4985 | Clock | 20 | 1 | $72.00 |
| 700770 | 4986 | Clock | 20 | 1 | $72.00 |
| 700770 | 4987 | Clock | 80 | 1 | $288.00 |
| 700771 | 4997 | Pad, Electrosurgical Patient Grounding | 26 | 1 | $232.18 |
| 700772 | 5006 | Needle Holder | 1 | 1 | $96.72 |
| 700772 | 5015 | Needle Holder | 14 | 1 | $1,354.08 |
| 700773 | 5047 | Chair, Blood Drawing | 2 | 1 | $973.44 |
| 700774 | 5060 | Wrap, Sterilization (SMS) | 24 | 1 | $212.16 |
| 700775 | 5071 | Splinting, Roll of Synthetic | 2 | 1 | $167.98 |
| 700776 | 5075 | Roll, Lumbar/Position | 9 | 1 | $107.55 |
| | | **Invoice Totals:** | | **477** | **$104,278.01** |

**Weight Total:** _____ **Piece Count:** _____

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200035

**Ship To:**
**4 Him c/o His Healing Helping Hands International M**
3 C Upper Mellon Street
Wellington, Freetown
Republic of S. L.
Sierra Leone

Phone#: (076)651-386_

**Notify:**
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3 C Upper Mellon Street
Wellington, Freetown
Republic of S L.

Hassan Mansaray
Phone#: 033-510-240 or
076-651-383

**Invoice Reference**
300052
**Order Date:**
09/07/2009

**Ship Date:**
09/07/2009

**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200036

**Ship To:**
**Fundatia People To People**
Str. Republicii 36
Oradea, 410159, Romania
Romania

Phone#: 0040-359-411-137

**Notify:**
**Fundatia People To People**
Str. Republicii 36
Oradea, 410159, Romania

Nicolae Gal
Phone#: 0040-359-411-137
(office) or
0040-744-806-353 cell
Andy Baker
Phone#:

**Invoice Reference**
300055
**Order Date:**
10/15/2009
**Ship Date:**
10/19/2009
**Ship Via:**
UPS

**Special Instructions:**

**Container #:** HLXU 530122 5 **Seal #:** 4985161

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700013 | 5420 | Pillow, Standard | 60 | 1 | $213.00 |
| 700026 | 1351 | Diaper, Adult | 36 | 1 | $18.72 |
| 700026 | 1352 | Diaper, Adult | 96 | 1 | $49.92 |
| 700026 | 1354 | Diaper, Adult | 96 | 1 | $49.92 |
| 700026 | 1398 | Diaper, Adult | 96 | 1 | $49.92 |
| 700026 | 1400 | Diaper, Adult | 16 | 1 | $8.32 |
| 700026 | 1401 | Diaper, Adult | 120 | 1 | $62.40 |
| 700026 | 1402 | Diaper, Adult | 120 | 1 | $62.40 |
| 700026 | 1403 | Diaper, Adult | 72 | 1 | $37.44 |
| 700026 | 1404 | Diaper, Adult | 150 | 1 | $78.00 |
| 700026 | 5293 | Diaper, Adult | 106 | 1 | $55.12 |
| 700030 | 1360 | Pad, Inflatable Mattress | 1 | 1 | $10.00 |
| 700030 | 5251 | Pad, Inflatable Mattress | 6 | 1 | $60.00 |
| 700031 | 1361 | Blanket, Baby | 18 | 1 | $44.82 |
| 700031 | 1362 | Blanket, Baby | 18 | 1 | $44.82 |
| 700031 | 1363 | Blanket, Baby | 18 | 1 | $44.82 |
| 700031 | 1364 | Blanket, Baby | 18 | 1 | $44.82 |
| 700031 | 1365 | Blanket, Baby | 18 | 1 | $44 82 |
| 700031 | 1375 | Blanket, Baby | 18 | 1 | $44 82 |
| 700031 | 1376 | Blanket, Baby | 18 | 1 | $44.82 |
| 700031 | 1377 | Blanket, Baby | 18 | 1 | $44.82 |
| 700031 | 1378 | Blanket, Baby | 18 | 1 | $44 82 |
| 700032 | 1366 | Layette, Baby | 10 | 1 | $79.60 |
| 700033 | 1367 | Backpack, Small Childs Activity | 50 | 1 | $300 00 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

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**Ship To:**
**Fundatia People To People**
Str. Republicii 36
Oradea, 410159, Romania
Romania

Phone#: 0040-359-411-137

**Notify:**
**Fundatia People To People**
Str. Republicii 36
Oradea, 410159, Romania

Nicolae Gal
Phone#: 0040-359-411-137
(office) or
0040-744-806-353 cell
Andy Baker
Phone#:

**Invoice Reference**
300055
**Order Date:**
10/15/2009
**Ship Date:**
10/19/2009
**Ship Via:**
UPS

**Special Instructions:**

**Container #:** HLXU 530122 5 **Seal #:** 4985161

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700033 | 1368 | Backpack, Small Childs Activity | 50 | 1 | $300.00 |
| 700034 | 4303 | Blanket | 4 | 1 | $112.00 |
| 700034 | 4304 | Blanket | 4 | 1 | $112.00 |
| 700034 | 4305 | Blanket | 7 | 1 | $196.00 |
| 700034 | 4306 | Blanket | 10 | 1 | $280.00 |
| 700035 | 1397 | Pad, Bladder Protection | 74 | 1 | $9.62 |
| 700036 | 1399 | Pad, Feminine Hygiene | 388 | 1 | $23.28 |
| 700036 | 5292 | Pad, Feminine Hygiene | 394 | 1 | $23.64 |
| 700201 | 5260 | Bar, Grab | 4 | 1 | $47.72 |
| 700201 | 5261 | Bar, Grab | 2 | 1 | $23.86 |
| 700220 | 5414 | Toothpaste, large | 35 | 1 | $18.90 |
| 700223 | | Commode, Bedside | | 38 | $1,029.80 |
| 700226 | 4684 | Brace, Ankle | 24 | 1 | $667.20 |
| 700226 | 4685 | Brace, Ankle | 30 | 1 | $834.00 |
| 700231 | 4680 | Brace, Wrist | 42 | 1 | $168.00 |
| 700232 | 4687 | Support, Back | 12 | 1 | $170.52 |
| 700241 | 4688 | Immobilizer, Knee | 8 | 1 | $167 04 |
| 700248 | 4318 | Shoe, Rehab | 26 | 1 | $207.74 |
| 700250 | 4689 | Immobilizer, Shoulder | 16 | 1 | $19.20 |
| 700311 | 5415 | Scrubs, box/bag | 9 | 1 | $72.00 |
| 700311 | 5416 | Scrubs, box/bag | 2 | 1 | $16.00 |
| 700311 | 5417 | Scrubs, box/bag | 1 | 1 | $8.00 |
| 700311 | 5418 | Scrubs, box/bag | 2 | 1 | $16.00 |
| 700317 | 5259 | Washcloth | 2048 | 1 | $61.44 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

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**Ship To:**
**Fundatia People To People**
Str. Republicii 36
Oradea, 410159, Romania
Romania

Phone#: 0040-359-411-137

**Notify:**
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Oradea, 410159, Romania

Nicolae Gal
Phone#: 0040-359-411-137
(office) or
0040-744-806-353 cell
Andy Baker
Phone#:

**Invoice Reference**
300055
**Order Date:**
10/15/2009
**Ship Date:**
10/19/2009
**Ship Via:**
UPS

**Special Instructions:**

**Container #:** HLXU 530122 5 **Seal #:** 4985161

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700319 | 4683 | Brace, Knee | 27 | 1 | $1,533.60 |
| 700327 | 4682 | Bandage, Cast | 2 | 1 | $17 44 |
| 700331 | 5413 | Gauze Pad | 125 | 1 | $7.50 |
| 700458 | 5205 | Table, Exam, Manual | 2 | 1 | $1,199.46 |
| 700458 | 5239 | Table, Exam, Manual | 2 | 1 | $1,199 46 |
| 700458 | 5256 | Table, Exam, Manual | 2 | 1 | $1,199.46 |
| 700469 | 5250 | Wheels, Walker | 3 | 1 | $27.00 |
| 700470 | | Crutch, Pairs | | 70 | $811.30 |
| 700471 | | Cane | | 16 | $319.36 |
| 700472 | | Cane, Quad | | 7 | $62.72 |
| 700528 | 5419 | Toy, Small | 80 | 1 | $32.00 |
| 700563 | 5500 | Wheelchair | 14 | 1 | $1,541 68 |
| 700576 | 5224 | Riser, Toilet Seat | 12 | 1 | $191.88 |
| 700576 | 5237 | Riser, Toilet Seat | 8 | 1 | $127.92 |
| 700576 | 5248 | Riser, Toilet Seat | 5 | 1 | $79 95 |
| 700576 | 5249 | Riser, Toilet Seat | 2 | 1 | $31.98 |
| 700577 | 5234 | Bench, Shower/Bath | 6 | 1 | $335 94 |
| 700577 | 5241 | Bench, Shower/Bath | 14 | 1 | $783 86 |
| 700577 | 5243 | Bench, Shower/Bath | 9 | 1 | $503.91 |
| 700578 | 5204 | Walker, Rolling | 6 | 1 | $379.20 |
| 700578 | 5216 | Walker, Rolling | 2 | 1 | $126 40 |
| 700578 | 5230 | Walker, Rolling | 8 | 1 | $505.60 |
| 700606 | 5263 | Strecher, Ambulance | 2 | 1 | $511.84 |
| 700617 | 5226 | Walker, Standard | 48 | 1 | $1,023 84 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200039

**Ship To:**
**Nehemiah Vision Ministries**

**Notify:**
**Nehemiah Vision Ministries**

**Invoice Reference**
300061
**Order Date:**
07/30/2009

**Ship Date:**
07/30/2009

**Ship Via:**
Pick-up

Phone#: (___)___-____

Phone#:

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700773 | 5721 | Chair, Blood Drawing | 1 | 1 | $486.72 |
| 700803 | 5714 | Table, Over Bed | 2 | 1 | $78.80 |
| 700839 | 5720 | Chair, Dental | 1 | 1 | $1,725.60 |
| 700840 | 5533 | Chair, Opthalmic | 1 | 1 | $1,319.99 |
| 700852 | 5701 | Kit, Suture | 2 | 1 | $23.20 |
| 700853 | 5713 | Fluid, IV (various) | 10 | 1 | $18.00 |
| | | **Invoice Totals:** | | **79** | **$8,218.25** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200039

**Ship To:**
**Nehemiah Vision Ministries**

**Notify:**
**Nehemiah Vision Ministries**

**Invoice Reference**
300061
**Order Date:**
07/30/2009

**Ship Date:**
07/30/2009

**Ship Via:**
Pick-up

Phone#: (___)___-____

Phone#:

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0803203 | | Albuterol Sulfate, 8 g, 90 mcg | 8 g | 30 | $540 00 |
| 1101801 | | Eye Drops (Antbiotic), 3.5 g | 3 5 g | 10 | $315.40 |
| 700020 | 5697 | Gown, Disposable | 20 | 1 | $20.00 |
| 700065 | 5705 | Catheter, IV | 30 | 1 | $20.40 |
| 700132 | 5699 | Bag, Biohazard | 40 | 1 | $1.20 |
| 700180 | 5706 | Holder, Tube, Blood Collection | 30 | 1 | $3.30 |
| 700184 | 5704 | Syringe, Bulb | 6 | 1 | $23.94 |
| 700197Z | | Light, Exam | | 1 | $31.68 |
| 700200 | 5729 | Nebulizer | 2 | 1 | $72.00 |
| 700275 | 5700 | Tubing, Medi-Vac/Oxygen | 10 | 1 | $8 00 |
| 700289 | 5712 | Set, IV Tubing | 15 | 1 | $18.00 |
| 700291 | 5702 | Gauze, Rolled | 6 | 1 | $8.70 |
| 700389 | 5710 | Mouthwash, Small | 1 | 1 | $1.19 |
| 700410 | 5708 | Wash, Body | 1 | 1 | $2 31 |
| 700424 | 5698 | Mask, Face | 20 | 1 | $4.20 |
| 700431 | 5707 | Suture | 30 | 1 | $7.50 |
| 700458 | 5718 | Table, Exam, Manual | 2 | 1 | $1,199.46 |
| 700458 | 5724 | Table, Exam, Manual | 1 | 1 | $599.73 |
| 700470 | | Crutch, Pairs | | 10 | $115.90 |
| 700481 | 5717 | Pole, IV | 2 | 1 | $25 60 |
| 700510 | 5703 | Basin | 6 | 1 | $10.80 |
| 700561 | 5719 | Gurney | 1 | 1 | $1,200.00 |
| 700596 | 5711 | Kit, Suture Removal | 10 | 1 | $12.40 |
| 700612 | 5726 | Cabinet, Small | 1 | 1 | $67.69 |
| 700614 | 5725 | Stool, Exam Room | 3 | 1 | $254 94 |
| 700704 | 5709 | Alcohol, Rubbing | 1 | 1 | $1 60 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200012

**Ship To:**
**Haitian Christian Outreach (HCO)**
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel
Haiti

Phone#: (___)___-____

**Notify:**
**Haitian Christian Outreach (HCO)**
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel

Phone#:

**Invoice Reference**
300060
**Order Date:**
07/20/2009
**Ship Date:**
07/20/2009
**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700850 | 5695 | Unit, Electrosurgical (Valley Lab SSE2L) | 1 | 1 | $653.33 |
| 700851 | 5696 | Battery, 12v NIHM | 1 | 1 | $32.00 |
| | | **Invoice Totals:** | | **2** | **$685.33** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200038

**Ship To:**
**Healing Friends Foundation**

Zimbabwe

Phone#: (___)___-____

**Notify:**
**Healing Friends Foundation**

Phone#:

**Invoice Reference**
300059
**Order Date:**
07/18/2009

**Ship Date:**
07/18/2009

**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700563 | 5694 | Wheelchair | 4 | 1 | $440.48 |
| | | **Invoice Totals:** | | **1** | **$440.48** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200016

**Ship To:**
**St. Francis NHC**
234 E Southern Ave.
Indianapolis IN 46225
United States

Phone#: (___)___-____

**Notify:**
**St. Francis NHC**
234 E. Southern Ave.
Indianapolis IN 46225

Phone#:

**Invoice Reference**
300058
**Order Date:**
07/01/2009
**Ship Date:**
07/01/2009
**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700577 | 5693 | Bench, Shower/Bath | 1 | 1 | $55.99 |
| | | **Invoice Totals:** | | **1** | **$55.99** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200017

**Ship To:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud
Honduras

Phone#:

**Notify:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud

Phone#:

**Invoice Reference**
300057
**Order Date:**
11/05/2009
**Ship Date:**
11/17/2009
**Ship Via:**
Delivery

**Special Instructions:** **Full Address:**

**Clinica medica**
**Dos cuadras arriba de la parada de buses de la ruta fuente/ministerio/ arturo quezada cerca de la colonia ciudad lempira, edificio azul a lado de la iglesia Cristiana cuerpo de cristo Tegucigalpa Honduras**

**Container #:** TGHU9148402 **Seal #:** 56860

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700889 | 5978 | Meal, Kids Against Hunger | 23760 | 1 | $5,464.80 |
| 700890 | 5996 | Rug, Throw | 1 | 1 | $11.66 |
| 700891 | 6002 | Tripod | 3 | 1 | $50.40 |
| 700892 | 6003 | Chair | 8 | 1 | $94 64 |
| | | **Invoice Totals:** | | **20617** | **$131,790.36** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200017

**Ship To:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud
Honduras

Phone#:

**Notify:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud

Phone#:

**Invoice Reference**
300057
**Order Date:**
11/05/2009
**Ship Date:**
11/17/2009
**Ship Via:**
Delivery

**Special Instructions:** **Full Address:**

**Clinica medica**
**Dos cuadras arriba de la parada de buses de la ruta fuente/ministerio/ arturo quezada cerca de la colonia ciudad lempira, edificio azul a lado de la iglesia Cristiana cuerpo de cristo Tegucigalpa Honduras**

**Container #:** TGHU9148402 **Seal #:** 56860

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700864 | 5881 | Toy, Various | 1 | 1 | $7 56 |
| 700864 | 5882 | Toy, Various | 1 | 1 | $7 56 |
| 700864 | 5883 | Toy, Various | 1 | 1 | $7 56 |
| 700865 | 5886 | Desk, Modular | 24 | 1 | $3,564.72 |
| 700866 | 5887 | Suitcase | 1 | 1 | $27.19 |
| 700866 | 6001 | Suitcase | 1 | 1 | $27.19 |
| 700869 | 5986 | Kit, Caregiver/Hygiene | 200 | 1 | $1,112.00 |
| 700871 | 5920 | Washcloth, Premoist | 174 | 1 | $71.34 |
| 700873 | 5922 | Formula, Baby (Special Formulation) | 16 | 1 | $383.84 |
| 700874 | 5923 | Comb | 85 | 1 | $33.15 |
| 700875 | 5924 | Cream, Shaving | 7 | 1 | $5.88 |
| 700876 | 5925 | Cleanser, Wound | 2 | 1 | $11.00 |
| 700877 | 5926 | Repellent, Insect | 3 | 1 | $16.68 |
| 700878 | 5927 | Floss, Dental | 40 | 1 | $31.60 |
| 700879 | 5933 | Swabstick, Glycerin (3's) | 61 | 1 | $2.44 |
| 700880 | 5938 | Gum, Dry Mouth | 16 | 1 | $30.72 |
| 700881 | 5940 | Angles, Prophy | 363 | 1 | $94.38 |
| 700882 | 5941 | Cabinet, File | 2 | 1 | $56.00 |
| 700883 | 5943 | Baptismal | 1 | 1 | $639.20 |
| 700884 | 5944 | Desk, Office (Used) | 3 | 1 | $120 00 |
| 700884 | 6004 | Desk, Office (Used) | 3 | 1 | $120 00 |
| 700886 | 5953 | Analyzer, Hematology | 1 | 1 | $2,506.67 |
| 700887 | 5961 | Cleaner, Autoclave | 4 | 1 | $26.00 |
| 700888 | 5974 | Kit, Pap Smear Collection | 100 | 1 | $38 00 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200017

**Ship To:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud
Honduras

Phone#:

**Notify:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud

Phone#:

**Invoice Reference**
300057
**Order Date:**
11/05/2009
**Ship Date:**
11/17/2009
**Ship Via:**
Delivery

**Special Instructions:** **Full Address:**

**Clinica medica**
**Dos cuadras arriba de la parada de buses de la ruta fuente/ministerio/ arturo quezada cerca de la colonia ciudad lempira, edificio azul a lado de la iglesia Cristiana cuerpo de cristo Tegucigalpa Honduras**

**Container #:** TGHU9148402 **Seal #:** 56860

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700839 | 5903 | Chair, Dental | 47 | 1 | $81,103.20 |
| 700843 | 5583 | Commode, Bedside | 1 | 1 | $47.97 |
| 700843 | 5584 | Commode, Bedside | 1 | 1 | $47.97 |
| 700843 | 5588 | Commode, Bedside | 1 | 1 | $47.97 |
| 700843 | 5589 | Commode, Bedside | 1 | 1 | $47.97 |
| 700846 | 5680 | Milk, Dry | 2 | 1 | $8.44 |
| 700848 | 5670 | Guitar, Acoustic | 1 | 1 | $300.00 |
| 700849 | 5669 | Guitar, Bass | 1 | 1 | $271.92 |
| 700854 | 5889 | Crutches, Forearm | 1 | 1 | $19.78 |
| 700856 | 5849 | Carseat, Infant | 1 | 1 | $32.00 |
| 700856 | 5850 | Carseat, Infant | 1 | 1 | $32.00 |
| 700857 | 5855 | Stall, Shower | 1 | 1 | $96.84 |
| 700858 | 5856 | Basket, Glide Wire | 10 | 1 | $80.20 |
| 700858 | 5857 | Basket, Glide Wire | 10 | 1 | $80.20 |
| 700859 | 5858 | Kit, Infant Care | 63 | 1 | $950 04 |
| 700860 | 5860 | Fan, Box | 1 | 1 | $9.59 |
| 700860 | 5861 | Fan, Box | 1 | 1 | $9.59 |
| 700861 | 5873 | Ladder | 1 | 1 | $20.00 |
| 700862 | 5875 | Front, Drawer | 69 | 1 | $935 64 |
| 700863 | 5876 | Cereal Box | 10 | 1 | $39.90 |
| 700863 | 5877 | Cereal Box | 14 | 1 | $55 86 |
| 700863 | 5878 | Cereal Box | 14 | 1 | $55.86 |
| 700863 | 5879 | Cereal Box | 14 | 1 | $55.86 |
| 700863 | 5880 | Cereal Box | 14 | 1 | $55.86 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200017

**Ship To:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud
Honduras

Phone#:

**Notify:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud

Phone#:

**Invoice Reference**
300057
**Order Date:**
11/05/2009
**Ship Date:**
11/17/2009
**Ship Via:**
Delivery

**Special Instructions:** **Full Address:**

**Clinica medica**
**Dos cuadras arriba de la parada de buses de la ruta fuente/ministerio/ arturo quezada cerca de la colonia ciudad lempira, edificio azul a lado de la iglesia Cristiana cuerpo de cristo Tegucigalpa Honduras**

**Container #:** TGHU9148402 **Seal #:** 56860

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700740 | 5668 | Supplies, School Various | 589 | 1 | $123.69 |
| 700740 | 5692 | Supplies, School Various | 27 | 1 | $5.67 |
| 700740 | 5863 | Supplies, School Various | 1 | 1 | $0.21 |
| 700740 | 5864 | Supplies, School Various | 1 | 1 | $0.21 |
| 700740 | 5865 | Supplies, School Various | 1 | 1 | $0.21 |
| 700740 | 5866 | Supplies, School Various | 1 | 1 | $0 21 |
| 700740 | 5867 | Supplies, School Various | 1 | 1 | $0.21 |
| 700740 | 5868 | Supplies, School Various | 1 | 1 | $0.21 |
| 700740 | 5869 | Supplies, School Various | 1 | 1 | $0.21 |
| 700740 | 5870 | Supplies, School Various | 1 | 1 | $0 21 |
| 700740 | 5871 | Supplies, School Various | 1 | 1 | $0 21 |
| 700740 | 5872 | Supplies, School Various | 1 | 1 | $0 21 |
| 700743 | 5664 | Test Strips, Blood Glucose | 500 | 1 | $170 00 |
| 700743 | 5665 | Test Strips, Blood Glucose | 50 | 1 | $17.00 |
| 700743 | 5677 | Test Strips, Blood Glucose | 306 | 1 | $104.04 |
| 700757 | 5918 | Tweezers | 6 | 1 | $7.56 |
| 700773 | 5945 | Chair, Blood Drawing | 1 | 1 | $486.72 |
| 700788 | 5157 | Solution, Exidine 4-Foam Scrub | 6 | 1 | $26.40 |
| 700788 | 5962 | Solution, Exidine 4-Foam Scrub | 2 | 1 | $8.80 |
| 700802 | 5663 | Hanger, Clothing | 1 | 1 | $0.13 |
| 700824 | 5382 | Underware, Disposable | 32 | 1 | $19.20 |
| 700830 | 5395 | Device, Blood Transfer | 27 | 1 | $20 52 |
| 700833 | 5656 | Clothing, Bag/Box | 2 | 1 | $10.00 |
| 700834 | 5874 | Box, Children's | 104 | 1 | $213.20 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200017

**Ship To:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud
Honduras

Phone#:

**Notify:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud

Phone#:

**Invoice Reference**
300057
**Order Date:**
11/05/2009
**Ship Date:**
11/17/2009
**Ship Via:**
Delivery

**Special Instructions:** **Full Address:**

**Clinica medica**
**Dos cuadras arriba de la parada de buses de la ruta fuente/ministerio/ arturo quezada cerca de la colonia ciudad lempira, edificio azul a lado de la iglesia Cristiana cuerpo de cristo Tegucigalpa Honduras**

**Container #:** TGHU9148402 **Seal #:** 56860

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700578 | 5888 | Walker, Rolling | 1 | 1 | $63.20 |
| 700578 | 5950 | Walker, Rolling | 6 | 1 | $379.20 |
| 700612 | 5987 | Cabinet, Small | 17 | 1 | $1,150.73 |
| 700616 | 5947 | Chair, Office | 9 | 1 | $396.00 |
| 700616 | 5988 | Chair, Office | 5 | 1 | $220 00 |
| 700616 | 5989 | Chair, Office | 10 | 1 | $440.00 |
| 700616 | 5990 | Chair, Office | 3 | 1 | $132 00 |
| 700616 | 5991 | Chair, Office | 19 | 1 | $836.00 |
| 700617 | 5951 | Walker, Standard | 12 | 1 | $255.96 |
| 700618 | 5995 | Gurney | 1 | 1 | $1,066.40 |
| 700619 | 5884 | Can, Trash | 1 | 1 | $7 99 |
| 700619 | 5885 | Can, Trash | 1 | 1 | $7.99 |
| 700619 | 6005 | Can, Trash | 5 | 1 | $39.95 |
| 700630 | 5322 | Diaper, Baby | 83 | 1 | $18.26 |
| 700631 | 5973 | Bottle, Baby w/nipple | 3 | 1 | $5 52 |
| 700637 | 5676 | Glucometer, DEX | 6 | 1 | $60.00 |
| 700644 | 5906 | Powder, Baby/Body | 3 | 1 | $1.47 |
| 700653 | 5919 | Clippers, Fingernail | 23 | 1 | $18.40 |
| 700659 | 5498 | Lubricant, Surgical | 391 | 1 | $39.10 |
| 700700 | 5932 | Cup, Medicine | 5 | 1 | $0.10 |
| 700704 | 5684 | Alcohol, Rubbing | 8 | 1 | $12.80 |
| 700704 | 5914 | Alcohol, Rubbing | 4 | 1 | $6.40 |
| 700705 | 5963 | Hydrogen Peroxide | 1 | 1 | $0.80 |
| 700740 | 5659 | Supplies, School Various | 13 | 1 | $2.73 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200017

**Ship To:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud
Honduras

Phone#:

**Notify:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud

Phone#:

**Invoice Reference**
300057
**Order Date:**
11/05/2009
**Ship Date:**
11/17/2009
**Ship Via:**
Delivery

**Special Instructions:** **Full Address:**

**Clinica medica**
**Dos cuadras arriba de la parada de buses de la ruta fuente/ministerio/ arturo quezada cerca de la colonia ciudad lempira, edificio azul a lado de la iglesia Cristiana cuerpo de cristo Tegucigalpa Honduras**

**Container #:** TGHU9148402 **Seal #:** 56860

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700522 | 5658 | Clothing, Scarf | 2 | 1 | $16.00 |
| 700523 | 5649 | Pad, Note | 24 | 1 | $20 64 |
| 700523 | 5650 | Pad, Note | 24 | 1 | $20 64 |
| 700523 | 5651 | Pad, Note | 24 | 1 | $20.64 |
| 700523 | 5652 | Pad, Note | 24 | 1 | $20.64 |
| 700523 | 5653 | Pad, Note | 24 | 1 | $20.64 |
| 700523 | 5654 | Pad, Note | 24 | 1 | $20.64 |
| 700528 | 5671 | Toy, Small | 536 | 1 | $214.40 |
| 700530 | 5667 | Jewelery, Various | 1 | 1 | $1.27 |
| 700538 | 5935 | Kit, Oral Suction | 26 | 1 | $40.82 |
| 700547 | 5660 | Binder, 3-Ring | 4 | 1 | $3.44 |
| 700550 | 4293 | Bottle, Medicine (For Suspension) | 252 | 1 | $292.32 |
| 700550 | 4294 | Bottle, Medicine (For Suspension) | 275 | 1 | $319.00 |
| 700550 | 4295 | Bottle, Medicine (For Suspension) | 200 | 1 | $232.00 |
| 700550 | 4296 | Bottle, Medicine (For Suspension) | 75 | 1 | $87 00 |
| 700550 | 4297 | Bottle, Medicine (For Suspension) | 73 | 1 | $84.68 |
| 700550 | 4298 | Bottle, Medicine (For Suspension) | 37 | 1 | $42.92 |
| 700550 | 4299 | Bottle, Medicine (For Suspension) | 70 | 1 | $81.20 |
| 700550 | 4300 | Bottle, Medicine (For Suspension) | 42 | 1 | $48.72 |
| 700550 | 5371 | Bottle, Medicine (For Suspension) | 84 | 1 | $97.44 |
| 700563 | 5948 | Wheelchair | 1 | 1 | $110.12 |
| 700563 | 5975 | Wheelchair | 8 | 1 | $880 96 |
| 700563 | 5992 | Wheelchair | 9 | 1 | $991.08 |
| 700563 | 5993 | Wheelchair | 3 | 1 | $330 36 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200017

**Ship To:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud
Honduras

Phone#:

**Notify:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud

Phone#:

**Invoice Reference**
300057
**Order Date:**
11/05/2009
**Ship Date:**
11/17/2009
**Ship Via:**
Delivery

**Special Instructions:** **Full Address:**

**Clinica medica**
**Dos cuadras arriba de la parada de buses de la ruta fuente/ministerio/ arturo quezada cerca de la colonia ciudad lempira, edificio azul a lado de la iglesia Cristiana cuerpo de cristo Tegucigalpa Honduras**

**Container #:** TGHU9148402 **Seal #:** 56860

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700381 | 5905 | Wash, baby | 65 | 1 | $70.20 |
| 700385 | 5165 | Cleanser, Skin (Hospital Strength) | 54 | 1 | $432.00 |
| 700387 | 5912 | Lotion, Body | 185 | 1 | $370.00 |
| 700389 | 5931 | Mouthwash, Small | 3 | 1 | $3.57 |
| 700392 | 5891 | Razors, Disposable | 67 | 1 | $12.06 |
| 700396 | 5894 | Cap, Shampoo | 8 | 1 | $18.08 |
| 700398 | 5895 | Sunscreen | 12 | 1 | $12.00 |
| 700400 | 5913 | Sanitizer, Hand | 62 | 1 | $70.68 |
| 700402 | 5909 | Conditioner, Hair Small | 112 | 1 | $40.32 |
| 700403 | 5910 | Q-Tips | 825 | 1 | $8 25 |
| 700404 | 5474 | Applicator, Cotton Tip | 331 | 1 | $6.62 |
| 700412 | 5908 | Shampoo, Large | 344 | 1 | $271 76 |
| 700412 | 5964 | Shampoo, Large | 1 | 1 | $0.79 |
| 700426 | 5921 | Formula, Baby | 9 | 1 | $71.91 |
| 700431 | 4673 | Suture | 604 | 1 | $151.00 |
| 700445 | 5899 | Lotion, Baby | 25 | 1 | $71.75 |
| 700448 | 5485 | Depressor, Tongue | 3055 | 1 | $30 55 |
| 700461 | 5859 | Air Conditioner, Window | 1 | 1 | $155.72 |
| 700465 | 5893 | Soap, Bars | 474 | 1 | $502 44 |
| 700470 | | Crutch, Pairs | | 15 | $173.85 |
| 700486 | 5666 | Lancet | 200 | 1 | $4.00 |
| 700486 | 5678 | Lancet | 600 | 1 | $12.00 |
| 700486 | 5852 | Lancet | 600 | 1 | $12 00 |
| 700514 | 5661 | Clothing, Childs | 2 | 1 | $3.18 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200017

**Ship To:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud
Honduras

Phone#:

**Notify:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud

Phone#:

**Invoice Reference**
300057
**Order Date:**
11/05/2009

**Ship Date:**
11/17/2009

**Ship Via:**
Delivery

**Special Instructions:** **Full Address:**

**Clinica medica**
**Dos cuadras arriba de la parada de buses de la ruta fuente/ministerio/ arturo quezada cerca de la colonia ciudad lempira, edificio azul a lado de la iglesia Cristiana cuerpo de cristo Tegucigalpa Honduras**

**Container #:** TGHU9148402 **Seal #:** 56860

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700214 | 5657 | Glucometer | 3 | 1 | $20.79 |
| 700214 | 5853 | Glucometer | 1 | 1 | $6.93 |
| 700218 | | Mattress, Hospital | | 13 | $662 87 |
| 700221 | 5915 | Toothpaste, Small | 272 | 1 | $206 72 |
| 700221 | 5930 | Toothpaste, Small | 54 | 1 | $41 04 |
| 700222 | 5892 | Toothbrush | 536 | 1 | $171 52 |
| 700222 | 5929 | Toothbrush | 58 | 1 | $18 56 |
| 700266 | 5507 | Gown, Surgical | 31 | 1 | $49 29 |
| 700273 | 5928 | Swab, Oral | 365 | 1 | $40 15 |
| 700277 | 5674 | Stethoscope | 13 | 1 | $50 18 |
| 700298 | 4887 | Container, Sharps | 11 | 1 | $16 61 |
| 700298 | 4890 | Container, Sharps | 11 | 1 | $16 61 |
| 700298 | 4891 | Container, Sharps | 11 | 1 | $16.61 |
| 700311 | 5672 | Scrubs, box/bag | 132 | 1 | $1,056.00 |
| 700311 | 5862 | Scrubs, box/bag | 38 | 1 | $304.00 |
| 700311 | 5942 | Scrubs, box/bag | 24 | 1 | $192.00 |
| 700317 | 5916 | Washcloth | 40 | 1 | $1.20 |
| 700325 | 5904 | Wipes, Wet | 1163 | 1 | $267.49 |
| 700353 | 4666 | Pad, Alcohol Prep | 800 | 1 | $16.00 |
| 700354 | 6006 | Cup, Urine Specimen | 100 | 1 | $23.00 |
| 700356 | 5959 | Basin, Emesis | 9 | 1 | $1.89 |
| 700356 | 5960 | Basin, Emesis | 21 | 1 | $4.41 |
| 700371 | 5907 | Hair Brush | 36 | 1 | $171.36 |
| 700376 | 5949 | Cart, Metal w/wheels | 1 | 1 | $79.57 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200017

**Ship To:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud
Honduras

Phone#:

**Notify:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud

Phone#:

**Invoice Reference**
300057
**Order Date:**
11/05/2009
**Ship Date:**
11/17/2009
**Ship Via:**
Delivery

**Special Instructions:** **Full Address:**

**Clinica medica**
**Dos cuadras arriba de la parada de buses de la ruta fuente/ministerio/ arturo quezada cerca de la colonia ciudad lempira, edificio azul a lado de la iglesia Cristiana cuerpo de cristo Tegucigalpa Honduras**

**Container #:** TGHU9148402 **Seal #:** 56860

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700158 | 1845 | Needle, Vacutainer | 100 | 1 | $38.00 |
| 700158 | 1846 | Needle, Vacutainer | 100 | 1 | $38.00 |
| 700158 | 1847 | Needle, Vacutainer | 100 | 1 | $38.00 |
| 700158 | 1848 | Needle, Vacutainer | 100 | 1 | $38.00 |
| 700158 | 1849 | Needle, Vacutainer | 100 | 1 | $38.00 |
| 700158 | 1850 | Needle, Vacutainer | 100 | 1 | $38.00 |
| 700158 | 1851 | Needle, Vacutainer | 100 | 1 | $38.00 |
| 700158 | 1852 | Needle, Vacutainer | 100 | 1 | $38 00 |
| 700158 | 1853 | Needle, Vacutainer | 100 | 1 | $38.00 |
| 700164 | 4263 | Needle, 29 G | 900 | 1 | $297.00 |
| 700165 | 4262 | Needle, 27 G | 428 | 1 | $38.52 |
| 700165 | 5185 | Needle, 27 G | 219 | 1 | $19.71 |
| 700165 | 5186 | Needle, 27 G | 244 | 1 | $21.96 |
| 700166 | 4261 | Needle, 26 G | 253 | 1 | $25.30 |
| 700167 | 4260 | Needle, 25 G | 1941 | 1 | $155.28 |
| 700167 | 5173 | Needle, 25 G | 580 | 1 | $46.40 |
| 700168 | 5178 | Needle, 23 G | 2123 | 1 | $254.76 |
| 700179 | 1818 | Rack, Test Tube | 9 | 1 | $28.71 |
| 700180 | 5152 | Holder, Tube, Blood Collection | 25 | 1 | $2.75 |
| 700180 | 5153 | Holder, Tube, Blood Collection | 25 | 1 | $2.75 |
| 700180 | 5154 | Holder, Tube, Blood Collection | 25 | 1 | $2.75 |
| 700180 | 5155 | Holder, Tube, Blood Collection | 25 | 1 | $2.75 |
| 700181 | 1828 | Tube, Plastic, Purple Top | 750 | 1 | $75.00 |
| 700181 | 1829 | Tube, Plastic, Purple Top | 800 | 1 | $80 00 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200017

**Ship To:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud
Honduras

Phone#:

**Notify:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud

Phone#:

**Invoice Reference**
300057
**Order Date:**
11/05/2009
**Ship Date:**
11/17/2009
**Ship Via:**
Delivery

**Special Instructions:** **Full Address:**

**Clinica medica**
**Dos cuadras arriba de la parada de buses de la ruta fuente/ministerio/ arturo quezada cerca de la colonia ciudad lempira, edificio azul a lado de la iglesia Cristiana cuerpo de cristo Tegucigalpa Honduras**

**Container #:** TGHU9148402 **Seal #:** 56860

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700131 | 5312 | Glove, Sterile Surgical | 190 | 1 | $159 60 |
| 700131 | 5406 | Glove, Sterile Surgical | 65 | 1 | $54.60 |
| 700131 | 5407 | Glove, Sterile Surgical | 180 | 1 | $151.20 |
| 700131 | 5488 | Glove, Sterile Surgical | 19 | 1 | $15.96 |
| 700131 | 5965 | Glove, Sterile Surgical | 180 | 1 | $151.20 |
| 700131 | 5966 | Glove, Sterile Surgical | 199 | 1 | $167.16 |
| 700131 | 5967 | Glove, Sterile Surgical | 200 | 1 | $168.00 |
| 700131 | 5968 | Glove, Sterile Surgical | 134 | 1 | $112.56 |
| 700132 | 5956 | Bag, Biohazard | 22 | 1 | $0.66 |
| 700133 | 1772 | Top, Scrub | 29 | 1 | $22.91 |
| 700138 | 1833 | Syringe, 1 ml with needle | 800 | 1 | $224.00 |
| 700138 | 4267 | Syringe, 1 ml with needle | 1000 | 1 | $280.00 |
| 700139 | 4269 | Syringe, 3 ml with needle | 1698 | 1 | $747.12 |
| 700147 | 4538 | Syringe, 5 ml | 350 | 1 | $84 00 |
| 700147 | 5394 | Syringe, 5 ml | 55 | 1 | $13.20 |
| 700152 | 5851 | Syringe, Insulin | 150 | 1 | $18.00 |
| 700153 | 4271 | Syringe, 3 ml | 330 | 1 | $33.00 |
| 700153 | 4540 | Syringe, 3 ml | 200 | 1 | $20.00 |
| 700154 | 5471 | Syringe, 1 ml | 100 | 1 | $13 00 |
| 700154 | 5472 | Syringe, 1 ml | 100 | 1 | $13 00 |
| 700158 | 1823 | Needle, Vacutainer | 330 | 1 | $125 40 |
| 700158 | 1825 | Needle, Vacutainer | 890 | 1 | $338 20 |
| 700158 | 1843 | Needle, Vacutainer | 100 | 1 | $38 00 |
| 700158 | 1844 | Needle, Vacutainer | 100 | 1 | $38 00 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200017

**Ship To:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud
Honduras

Phone#:

**Notify:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud

Phone#:

**Invoice Reference**
300057
**Order Date:**
11/05/2009
**Ship Date:**
11/17/2009
**Ship Via:**
Delivery

**Special Instructions:** **Full Address:**

**Clinica medica**
**Dos cuadras arriba de la parada de buses de la ruta fuente/ministerio/ arturo quezada cerca de la colonia ciudad lempira, edificio azul a lado de la iglesia Cristiana cuerpo de cristo Tegucigalpa Honduras**

**Container #:** TGHU9148402 **Seal #:** 56860

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700119 | 5302 | Ball, Cotton | 2000 | 1 | $20.00 |
| 700119 | 5679 | Ball, Cotton | 1000 | 1 | $10.00 |
| 700119 | 5911 | Ball, Cotton | 500 | 1 | $5.00 |
| 700124 | 5854 | Glasses, Eye | 5 | 1 | $10.00 |
| 700124 | 5890 | Glasses, Eye | 218 | 1 | $436.00 |
| 700124 | 5979 | Glasses, Eye | 300 | 1 | $600.00 |
| 700124 | 5980 | Glasses, Eye | 300 | 1 | $600.00 |
| 700124 | 5981 | Glasses, Eye | 300 | 1 | $600.00 |
| 700124 | 5982 | Glasses, Eye | 300 | 1 | $600.00 |
| 700124 | 5983 | Glasses, Eye | 300 | 1 | $600.00 |
| 700124 | 5984 | Glasses, Eye | 300 | 1 | $600.00 |
| 700126 | 5936 | Toothbrush, Suction | 9 | 1 | $9.00 |
| 700127 | 1707 | Tip, Dental Cleaning | 2000 | 1 | $200 00 |
| 700129 | 1715 | Glove, Exam | 700 | 1 | $14.00 |
| 700129 | 1717 | Glove, Exam | 2400 | 1 | $48.00 |
| 700129 | 5491 | Glove, Exam | 1200 | 1 | $24.00 |
| 700129 | 5972 | Glove, Exam | 660 | 1 | $13.20 |
| 700131 | 1743 | Glove, Sterile Surgical | 199 | 1 | $167 16 |
| 700131 | 1744 | Glove, Sterile Surgical | 130 | 1 | $109.20 |
| 700131 | 1747 | Glove, Sterile Surgical | 76 | 1 | $63.84 |
| 700131 | 4513 | Glove, Sterile Surgical | 150 | 1 | $126.00 |
| 700131 | 4515 | Glove, Sterile Surgical | 33 | 1 | $27.72 |
| 700131 | 4516 | Glove, Sterile Surgical | 114 | 1 | $95.76 |
| 700131 | 4537 | Glove, Sterile Surgical | 146 | 1 | $122.64 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200017

**Ship To:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud
Honduras

Phone#:

**Notify:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud

Phone#:

**Invoice Reference**
300057
**Order Date:**
11/05/2009
**Ship Date:**
11/17/2009
**Ship Via:**
Delivery

**Special Instructions:** **Full Address:**

**Clinica medica**
**Dos cuadras arriba de la parada de buses de la ruta fuente/ministerio/ arturo quezada cerca de la colonia ciudad lempira, edificio azul a lado de la iglesia Cristiana cuerpo de cristo Tegucigalpa Honduras**

**Container #:** TGHU9148402 **Seal #:** 56860

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700031 | 1390 | Blanket, Baby | 18 | 1 | $44.82 |
| 700031 | 1391 | Blanket, Baby | 18 | 1 | $44.82 |
| 700031 | 1392 | Blanket, Baby | 18 | 1 | $44.82 |
| 700031 | 1393 | Blanket, Baby | 13 | 1 | $32.37 |
| 700031 | 1394 | Blanket, Baby | 18 | 1 | $44 82 |
| 700031 | 1395 | Blanket, Baby | 18 | 1 | $44 82 |
| 700031 | 1396 | Blanket, Baby | 18 | 1 | $44 82 |
| 700032 | 4314 | Layette, Baby | 24 | 1 | $191 04 |
| 700032 | 4315 | Layette, Baby | 27 | 1 | $214.92 |
| 700032 | 4316 | Layette, Baby | 21 | 1 | $167.16 |
| 700034 | 1381 | Blanket | 6 | 1 | $168.00 |
| 700034 | 1384 | Blanket | 4 | 1 | $112 00 |
| 700034 | 5662 | Blanket | 2 | 1 | $56 00 |
| 700040 | 5681 | Book, Medical | 5 | 1 | $31 80 |
| 700040 | 5682 | Book, Medical | 3 | 1 | $19 08 |
| 700068 | 1526 | Pan, Bed | 1 | 1 | $3.31 |
| 700068 | 1528 | Pan, Bed | 1 | 1 | $3.31 |
| 700068 | 5958 | Pan, Bed | 8 | 1 | $26.48 |
| 700083 | 5934 | Catheter, Suction | 10 | 1 | $52 00 |
| 700091 | 5675 | Cuff, Blood Pressure | 1 | 1 | $102.12 |
| 700091 | 5985 | Cuff, Blood Pressure | 6 | 1 | $612.72 |
| 700091 | 5994 | Cuff, Blood Pressure | 2 | 1 | $204.24 |
| 700092 | 5673 | Monitor, Digital Blood Pressure | 5 | 1 | $380.35 |
| 700100 | 5937 | Instrument, Yankauer Suction | 1 | 1 | $1.42 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200017

**Ship To:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud
Honduras

Phone#:

**Notify:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud

Phone#:

**Invoice Reference**
300057
**Order Date:**
11/05/2009
**Ship Date:**
11/17/2009
**Ship Via:**
Delivery

**Special Instructions:** **Full Address:**

**Clinica medica**
**Dos cuadras arriba de la parada de buses de la ruta fuente/ministerio/ arturo quezada cerca de la colonia ciudad lempira, edificio azul a lado de la iglesia Cristiana cuerpo de cristo Tegucigalpa Honduras**

**Container #:** TGHU9148402 **Seal #:** 56860

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100102 | | APAP 500 mg | | 5,000 | $100.00 |
| 0100501 | | IBU 200 mg | | 7,000 | $70.00 |
| 0100601 | | Naproxen Sodium 220 mg | | 2,400 | $0.00 |
| 0300102 | | Aspirin 325 mg | | 2,000 | $20 00 |
| 0801303 | | Diphenhydramine, 25 mg | | 2,000 | $40.00 |
| 0804701 | | Cetirizine 10 mg | | 1,400 | $2,828.00 |
| 1100804 | | Oral Analgesic, .33 oz. | .33 oz. | 9 | $48.51 |
| 1101104 | | Anti-Fungal Cream, 1.25 oz. | 1.25 oz | 121 | $325.49 |
| 1104003 | | Antibiotic Ointment, 0.33 oz. | 0.33 oz. | 121 | $20.57 |
| 1104104 | | Zinc Oxide, 4 oz. | 4 oz. | 11 | $44.99 |
| 1104401 | | Petrolatum, 1.75 oz. | 1.75 oz. | 8 | $7.92 |
| 1107701 | | Chapstick | | 241 | $173.52 |
| 700018 | 5946 | Drape, Disposable Non-Sterile | 20 | 1 | $3.40 |
| 700026 | 5957 | Diaper, Adult | 50 | 1 | $26.00 |
| 700026 | 5997 | Diaper, Adult | 48 | 1 | $24.96 |
| 700027 | 1355 | Mask, Procedure | 236 | 1 | $40.12 |
| 700028 | 1358 | Mask, Fluid Shield | 232 | 1 | $290.00 |
| 700031 | 1382 | Blanket, Baby | 18 | 1 | $44.82 |
| 700031 | 1383 | Blanket, Baby | 18 | 1 | $44 82 |
| 700031 | 1385 | Blanket, Baby | 18 | 1 | $44.82 |
| 700031 | 1386 | Blanket, Baby | 18 | 1 | $44.82 |
| 700031 | 1387 | Blanket, Baby | 18 | 1 | $44.82 |
| 700031 | 1388 | Blanket, Baby | 18 | 1 | $44.82 |
| 700031 | 1389 | Blanket, Baby | 18 | 1 | $44 82 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200037

**Ship To:**
**Cameroon**

**Notify:**
**Cameroon**

**Invoice Reference**
300056
**Order Date:**
11/05/2009

**Ship Date:**
11/05/2009

**Ship Via:**
Pick-up

Phone#: (___)___-____

Phone#:

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700593 | 5577 | Bandaid | 200 | 1 | $12 00 |
| 700650 | 5579 | Tape, Medical | 4 | 1 | $1 72 |
| | | **Invoice Totals:** | | **1465** | **$271.50** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200037

**Ship To:**
**Cameroon**

**Notify:**
**Cameroon**

**Invoice Reference**
300056
**Order Date:**
11/05/2009

**Ship Date:**
11/05/2009

**Ship Via:**
Pick-up

Phone#: (___)___-____

Phone#:

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100102 | | APAP 500 mg | | 500 | $10.00 |
| 0100501 | | IBU 200 mg | | 500 | $5.00 |
| 0300101 | | Aspirin 81 mg | | 100 | $1.00 |
| 0500101 | | Antacid | | 150 | $1.50 |
| 0500301 | | Bismuth, 262 mg | | 72 | $4 32 |
| 0501201 | | Loperamide, 2 mg | | 48 | $30.24 |
| 0801303 | | Diphenhydramine, 25 mg | | 48 | $0 96 |
| 0804701 | | Cetirizine 10 mg | | 24 | $48.48 |
| 1100601 | | Antibiotic Ointment, 1 oz. | 1 oz. | 1 | $4.20 |
| 1102003 | | Hydrocortisone, 1 oz | 1 oz. | 1 | $2.99 |
| 1103602 | | Tetrahydrozoline HCL (Eye) 0.05% | 0 5 oz. | 2 | $3.98 |
| 1104002 | | Antibiotic Ointment, 1 oz. | 1 oz. | 1 | $4.60 |
| 1106001 | | Camphor, 4 oz. | 4 oz | 1 | $7.02 |
| 1107701 | | Chapstick | | 3 | $2.16 |
| 700042 | 5582 | Bandage, Cohesive (Coban) | 8 | 1 | $8 48 |
| 700092 | 5573 | Monitor, Digital Blood Pressure | 1 | 1 | $76.07 |
| 700129 | 5568 | Glove, Exam | 400 | 1 | $8.00 |
| 700182 | 5576 | Thermometer, Digital | 2 | 1 | $11.08 |
| 700277 | 5572 | Stethoscope | 1 | 1 | $3.86 |
| 700291 | 5578 | Gauze, Rolled | 2 | 1 | $2.90 |
| 700344 | 5575 | Scissors, Various Medical | 2 | 1 | $6.36 |
| 700353 | 5570 | Pad, Alcohol Prep | 200 | 1 | $4.00 |
| 700359 | 5581 | Gauze, 2x2 | 23 | 1 | $0.23 |
| 700360 | 5571 | Gauze, 4x4 | 20 | 1 | $0.60 |
| 700403 | 5569 | Q-Tips | 500 | 1 | $5.00 |
| 700431 | 5574 | Suture | 19 | 1 | $4.75 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200036

**Ship To:**
**Fundatia People To People**
Str. Republicii 36
Oradea, 410159, Romania
Romania

Phone#: 0040-359-411-137

**Notify:**
**Fundatia People To People**
Str. Republicii 36
Oradea, 410159, Romania

Nicolae Gal
Phone#: 0040-359-411-137
(office) or
0040-744-806-353 cell
Andy Baker
Phone#:

**Invoice Reference**
300055
**Order Date:**
10/15/2009
**Ship Date:**
10/19/2009
**Ship Via:**
UPS

**Special Instructions:**

**Container #:** HLXU 530122 5 **Seal #:** 4985161

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700814 | 5254 | Table, Foosball | 1 | 1 | $125.05 |
| 700815 | 5255 | Mattress, Air w/Electric Pump | 1 | 1 | $27.51 |
| 700816 | 5262 | Television | 10 | 1 | $773.30 |
| 700824 | 5291 | Underware, Disposable | 104 | 1 | $62.40 |
| 700833 | 5410 | Clothing, Bag/Box | 89 | 1 | $445.00 |
| 700834 | 5411 | Box, Children's | 1069 | 1 | $2,191.45 |
| 700834 | 5412 | Box, Children's | 15 | 1 | $30.75 |
| 700835 | 5421 | Antiseptic, Hand | 1 | 1 | $27.99 |
| 700835 | 5422 | Antiseptic, Hand | 1 | 1 | $27.99 |
| 700836 | 5423 | Needle, Dental (Case) | 1 | 1 | $7 96 |
| | | **Invoice Totals:** | | **233** | **$29,865.93** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200036

**Ship To:**
**Fundatia People To People**
Str. Republicii 36
Oradea, 410159, Romania
Romania

Phone#: 0040-359-411-137

**Notify:**
**Fundatia People To People**
Str Republicii 36
Oradea, 410159, Romania

Nicolae Gal
Phone#: 0040-359-411-137
(office) or
0040-744-806-353 cell
Andy Baker
Phone#:

**Invoice Reference**
300055
**Order Date:**
10/15/2009
**Ship Date:**
10/19/2009
**Ship Via:**
UPS

**Special Instructions:**

**Container #:** HLXU 530122 5 **Seal #:** 4985161

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700617 | 5501 | Walker, Standard | 16 | 1 | $341.28 |
| 700630 | 5193 | Diaper, Baby | 1969 | 1 | $433.18 |
| 700682 | 4564 | Cryo Cuff | 3 | 1 | $168.00 |
| 700682 | 4693 | Cryo Cuff | 1 | 1 | $56.00 |
| 700738 | 5424 | Paper | 1 | 1 | $15 80 |
| 700750 | 5238 | Table, Treatment | 2 | 1 | $1,743.74 |
| 700793 | 5197 | Mattress Pad, Twin | 58 | 1 | $313.20 |
| 700793 | 5289 | Mattress Pad, Twin | 323 | 1 | $1,744.20 |
| 700793 | 5290 | Mattress Pad, Twin | 83 | 1 | $448.20 |
| 700794 | 5199 | Mattress Pad, Full | 27 | 1 | $213.30 |
| 700794 | 5200 | Mattress Pad, Full | 2 | 1 | $15.80 |
| 700795 | 5195 | Mattress Pad, King and Queen | 59 | 1 | $470.82 |
| 700795 | 5196 | Mattress Pad, King and Queen | 37 | 1 | $295 26 |
| 700796 | 5201 | Comforter, Twin | 6 | 1 | $143 94 |
| 700797 | 5203 | Comforter, Full and Queen | 1 | 1 | $24.82 |
| 700798 | 5202 | Comforter, King | 5 | 1 | $111.95 |
| 700799 | 5198 | Blanket, Twin | 5 | 1 | $64.70 |
| 700800 | 5194 | Metal Wardrobe Cabinet | 2 | 1 | $302 76 |
| 700801 | 5209 | Crutch | 1 | 1 | $5.78 |
| 700802 | 5210 | Hanger, Clothing | 50 | 1 | $6 50 |
| 700807 | 5217 | Commode, Rolling | 2 | 1 | $79.92 |
| 700811 | 5240 | Cabinet, Bedside | 1 | 1 | $389.06 |
| 700812 | 5252 | Bucket, Commode | 7 | 1 | $27.72 |
| 700813 | 5253 | Frame, Toilet Safety | 4 | 1 | $55.20 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200040

**Ship To:**
**Operation Classroom**
Kissy Hospital
5050 Pappas Drive
Indianapolis 46237
Sierra Leone

Phone#: (___)___-____

**Notify:**
**Operation Classroom**
Kissy Hospital
5050 Pappas Drive
Indianapolis 46237

Phone#:

**Invoice Reference**
300062
**Order Date:**
07/31/2009
**Ship Date:**
07/31/2009
**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700187 | | Scale, Adult Beam | | 1 | $169.31 |
| 700277 | 5731 | Stethoscope | 10 | 1 | $38.60 |
| 700614 | 5732 | Stool, Exam Room | 1 | 1 | $84.98 |
| | | **Invoice Totals:** | | **3** | **$292.89** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200041

**Ship To:**
**Traders Point Christian Church Clinic**

Phone#: (___)___-____

**Notify:**
**Traders Point Christian Church Clinic**

Phone#:

**Invoice Reference**
300063
**Order Date:**
08/07/2009

**Ship Date:**
08/07/2009

**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700458 | 5733 | Table, Exam, Manual | 2 | 1 | $1,199.46 |
| | | **Invoice Totals:** | | **1** | **$1,199.46** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200042

**Ship To:**
**Timmy Foundation**

Phone#: (___)___-____

**Special Instructions:**

**Notify:**
**Timmy Foundation**

Phone#:

**Invoice Reference**
300064
**Order Date:**
08/07/2009

**Ship Date:**
08/07/2009

**Ship Via:**
Pick-up

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700026 | 1353 | Diaper, Adult | 96 | 1 | $49 92 |
| | | **Invoice Totals:** | | **1** | **$49.92** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200043

**Ship To:**
**Plainfield Christian Church**

Plainfield

Phone#: (___)___-____

**Special Instructions:**

**Notify:**
**Plainfield Christian Church**

Plainfield

Phone#:

**Invoice Reference**
300065
**Order Date:**
08/10/2009
**Ship Date:**
08/10/2009
**Ship Via:**
Pick-up

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700031 | 1379 | Blanket, Baby | 18 | 1 | $44.82 |
| 700031 | 1380 | Blanket, Baby | 18 | 1 | $44 82 |
| 700091 | 5746 | Cuff, Blood Pressure | 1 | 1 | $102.12 |
| 700129 | 5745 | Glove, Exam | 50 | 1 | $1.00 |
| 700191 | 5737 | Humidifier, Hunter 34352 | 1 | 1 | $45.59 |
| 700197Z | | Light, Exam | | 1 | $31.68 |
| 700200 | 5734 | Nebulizer | 1 | 1 | $36.00 |
| 700471 | | Cane | | 2 | $39.92 |
| 700472 | | Cane, Quad | | 1 | $8.96 |
| 700578 | 5735 | Walker, Rolling | 1 | 1 | $63.20 |
| 700596 | 5744 | Kit, Suture Removal | 50 | 1 | $62.00 |
| 700617 | 5736 | Walker, Standard | 1 | 1 | $21.33 |
| 700854 | 5742 | Crutches, Forearm | 1 | 1 | $19.78 |
| 700855 | 5743 | Block , Chopping | 1 | 1 | $36 00 |
| | | **Invoice Totals:** | | **15** | **$557.22** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

# Invoice

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

**Consignee#:** 200044

**Ship To:**
**Americare Home Care**
1739 N Shadeland Ave

Phone#: (___)___-____

**Notify:**
**Americare Home Care**
1739 N Shadeland Ave

Phone#:

**Invoice Reference**
300066
**Order Date:**
08/25/2009

**Ship Date:**
08/25/2009

**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700577 | 5747 | Bench, Shower/Bath | 1 | 1 | $55.99 |
| | | **Invoice Totals:** | | **1** | **$55.99** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200045

**Ship To:**
**CMF International**
5525 E 82nd Street
Indianapolis IN 46250

Phone#: 317-578-2700

**Notify:**
**CMF International**
5525 E. 82nd Street
Indianapolis IN 46250

Phone#:

**Invoice Reference**
300067
**Order Date:**
08/26/2009
**Ship Date:**
08/26/2009
**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100107 | | APAP, Infant, 0.5 oz., 80 mg/0 8 ml | 0.5 oz. | 1 | $3.91 |
| 0100109 | | APAP, Child, 4 oz , 160 mg/5 ml | 4 oz. | 1 | $2.25 |
| 0100111 | | APAP Children's Chewable 160 mg | | 24 | $4.08 |
| 0100507 | | IBU, Infant, 0 5 oz., 50 mg/1.25 ml | 0 5 oz. | 1 | $4.80 |
| 0300101 | | Aspirin 81 mg | | 48 | $0.48 |
| 1000402 | | Multivitamin, Child | | 1,020 | $61.20 |
| 1102003 | | Hydrocortisone, 1 oz. | 1 oz. | 1 | $2.99 |
| 700065 | 5763 | Catheter, IV | 34 | 1 | $23.12 |
| 700065 | 5764 | Catheter, IV | 82 | 1 | $55.76 |
| 700129 | 5757 | Glove, Exam | 300 | 1 | $6.00 |
| 700129 | 5758 | Glove, Exam | 300 | 1 | $6.00 |
| 700129 | 5759 | Glove, Exam | 300 | 1 | $6.00 |
| 700129 | 5760 | Glove, Exam | 300 | 1 | $6 00 |
| 700131 | 5806 | Glove, Sterile Surgical | 31 | 1 | $26.04 |
| 700131 | 5807 | Glove, Sterile Surgical | 43 | 1 | $36.12 |
| 700131 | 5808 | Glove, Sterile Surgical | 63 | 1 | $52.92 |
| 700139 | 5765 | Syringe, 3 ml with needle | 39 | 1 | $17.16 |
| 700139 | 5766 | Syringe, 3 ml with needle | 7 | 1 | $3.08 |
| 700139 | 5767 | Syringe, 3 ml with needle | 38 | 1 | $16.72 |
| 700139 | 5768 | Syringe, 3 ml with needle | 50 | 1 | $22.00 |
| 700147 | 5773 | Syringe, 5 ml | 11 | 1 | $2.64 |
| 700149 | 5771 | Syringe, 10 ml with needle | 23 | 1 | $12.65 |
| 700149 | 5772 | Syringe, 10 ml with needle | 58 | 1 | $31 90 |
| 700150 | 5769 | Syringe, 5 ml with needle | 45 | 1 | $14.40 |
| 700150 | 5770 | Syringe, 5 ml with needle | 30 | 1 | $9.60 |
| 700153 | 5774 | Syringe, 3 ml | 1 | 1 | $0.10 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200045

**Ship To:**
**CMF International**
5525 E. 82nd Street
Indianapolis IN 46250

Phone#: 317-578-2700

**Notify:**
**CMF International**
5525 E. 82nd Street
Indianapolis IN 46250

Phone#:

**Invoice Reference**
300067
**Order Date:**
08/26/2009
**Ship Date:**
08/26/2009
**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700153 | 5775 | Syringe, 3 ml | 1 | 1 | $0 10 |
| 700153 | 5776 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5777 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5778 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5779 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5780 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5781 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5782 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5783 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5784 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5785 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5786 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5787 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5788 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5789 | Syringe, 3 ml | 1 | 1 | $0 10 |
| 700153 | 5790 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5791 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5792 | Syringe, 3 ml | 1 | 1 | $0 10 |
| 700153 | 5793 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5794 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5795 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5796 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5797 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5798 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5799 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5800 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5801 | Syringe, 3 ml | 1 | 1 | $0.10 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200045

**Ship To:**
**CMF International**
5525 E 82nd Street
Indianapolis IN 46250

Phone#: 317-578-2700

**Notify:**
**CMF International**
5525 E. 82nd Street
Indianapolis IN 46250

Phone#:

**Invoice Reference**
300067
**Order Date:**
08/26/2009
**Ship Date:**
08/26/2009
**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700153 | 5802 | Syringe, 3 ml | 1 | 1 | $0.10 |
| 700153 | 5803 | Syringe, 3 ml | 1 | 1 | $0 10 |
| 700291 | 5756 | Gauze, Rolled | 12 | 1 | $17.40 |
| 700331 | 5752 | Gauze Pad | 12 | 1 | $0.72 |
| 700353 | 5805 | Pad, Alcohol Prep | 400 | 1 | $8 00 |
| 700360 | 5748 | Gauze, 4x4 | 62 | 1 | $1.86 |
| 700421 | 5761 | Set, Safety Blood Collection | 120 | 1 | $98.40 |
| 700421 | 5762 | Set, Safety Blood Collection | 183 | 1 | $150.06 |
| 700424 | 5804 | Mask, Face | 100 | 1 | $21.00 |
| 700503 | 5754 | Dressing, (Tegaderm) Transparent | 100 | 1 | $57.00 |
| 700597 | 5753 | Gauze, Stretch | 12 | 1 | $3.24 |
| 700650 | 5755 | Tape, Medical | 5 | 1 | $2.15 |
| 700651 | 5749 | Dressing, Sterile | 32 | 1 | $29.44 |
| 700651 | 5750 | Dressing, Sterile | 18 | 1 | $16.56 |
| 700651 | 5751 | Dressing, Sterile | 100 | 1 | $92.00 |
| | | **Invoice Totals:** | | **1157** | **$928.65** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200046

**Ship To:**
**Mt. Pleasant Christian Church**

Phone#: (___)___-____

**Notify:**
**Mt. Pleasant Christian Church**

Phone#:

**Invoice Reference**
300068
**Order Date:**
09/01/2009

**Ship Date:**
09/01/2009

**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700466 | 4309 | Coat, Lab | 15 | 1 | $116.85 |
| | | **Invoice Totals:** | | **1** | **$116.85** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200048

**Ship To:**
**Liberia Association**
PO Box 53408
Liberia WA

Phone#: (___)___-____

**Notify:**
**Liberia Association**
PO Box 53408
Liberia WA

Phone#:

**Invoice Reference**
300069
**Order Date:**
09/03/2009
**Ship Date:**
09/03/2009
**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700132 | 5816 | Bag, Biohazard | 100 | 1 | $3 00 |
| 700132 | 5817 | Bag, Biohazard | 100 | 1 | $3.00 |
| | | **Invoice Totals:** | | **2** | **$6.00** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200049

**Ship To:**
**Shirley Menard**
27 Edgewood Place
To go to ST. Lucia, Caribbean
Great Neck NY 11024

Phone#: (___)___-____

**Notify:**
**Shirley Menard**
27 Edgewood Place
To go to ST. Lucia, Caribbean
Great Neck NY 11024

Phone#:

**Invoice Reference**
300070
**Order Date:**
09/14/2009
**Ship Date:**
09/14/2009
**Ship Via:**
Fed Ex

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700152 | 5820 | Syringe, Insulin | 800 | 1 | $96.00 |
| 700214 | 5818 | Glucometer | 7 | 1 | $48.51 |
| 700486 | 5819 | Lancet | 3500 | 1 | $70.00 |
| | | **Invoice Totals:** | | **3** | **$214.51** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200050

**Ship To:**
**Nikki's Place Agape Home**
PO Box 95
Chang Mai 50000
Thailand

Phone#: +66(053)351-177/8

**Notify:**
**Nikki's Place Agape Home**
PO Box 95
Chang Mai 50000

Phone#:

**Invoice Reference**
300071
**Order Date:**
09/16/2009
**Ship Date:**
09/16/2009
**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700277 | 5821 | Stethoscope | 2 | 1 | $7.72 |
| | | **Invoice Totals:** | | **1** | **$7.72** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200051

**Ship To:**
**Lakeview Church**
47 Beach Way Dr
Indianapolis 46224

Phone#: (317)243-9396

**Notify:**
**Lakeview Church**
47 Beach Way Dr
Indianapolis 46224

Phone#:

**Invoice Reference**
300072
**Order Date:**
09/24/2009
**Ship Date:**
09/24/2009
**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700622 | 5823 | Table, Exam Power | 1 | 1 | $2,078.67 |
| | | **Invoice Totals:** | | **1** | **$2,078.67** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200052

**Ship To:**
**Fortville Christain Church Outreach**
9450 N 200 W
Fortville 46040

Phone#: (317)485-4934

**Notify:**
**Fortville Christain Church Outreach**
9450 N 200 W
Fortville 46040

Phone#:

**Invoice Reference**
300073
**Order Date:**
10/11/2009
**Ship Date:**
10/11/2009
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700191 | 5824 | Humidifier, Hunter 34352 | 1 | 1 | $45.59 |
| 700194 | 5825 | Humidifier, Vick's Cool Mist | 1 | 1 | $20.72 |
| 700837 | 5826 | Vaporizer, Vicks | 1 | 1 | $6.39 |
| | | **Invoice Totals:** | | **3** | **$72.70** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200053

**Ship To:**
**Masters Provisions**

**Notify:**
**Masters Provisions**

**Invoice Reference**
300074
**Order Date:**
10/14/2009
**Ship Date:**
10/14/2009
**Ship Via:**
Pick-up

Phone#: (___)___-____

Phone#:

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 1104401 | | Petrolatum, 1.75 oz. | 1.75 oz. | 2 | $1.98 |
| 1107701 | | Chapstick | | 25 | $18.00 |
| 700029 | 5828 | Mask, Surgical | 100 | 1 | $28.00 |
| 700048 | 1426 | Tape, Cloth | 26 | 1 | $44.20 |
| 700049 | 1427 | Tape, Surgical | 6 | 1 | $10.44 |
| 700050 | 1428 | Steri-Strip | 82 | 1 | $105.78 |
| 700091 | 5829 | Cuff, Blood Pressure | 2 | 1 | $204.24 |
| 700129 | 5830 | Glove, Exam | 1000 | 1 | $20.00 |
| 700129 | 5831 | Glove, Exam | 1000 | 1 | $20.00 |
| 700239 | 4686 | Sling, Arm | 18 | 1 | $116.82 |
| 700331 | 4668 | Gauze Pad | 259 | 1 | $15.54 |
| 700353 | 5840 | Pad, Alcohol Prep | 200 | 1 | $4.00 |
| 700360 | 5839 | Gauze, 4x4 | 100 | 1 | $3 00 |
| 700387 | 5832 | Lotion, Body | 74 | 1 | $148.00 |
| 700400 | 5827 | Sanitizer, Hand | 10 | 1 | $11 40 |
| 700431 | 5841 | Suture | 20 | 1 | $5.00 |
| 700448 | 5837 | Depressor, Tongue | 250 | 1 | $2.50 |
| 700593 | 5842 | Bandaid | 300 | 1 | $18.00 |
| 700596 | 5838 | Kit, Suture Removal | 2 | 1 | $2.48 |
| | | **Invoice Totals:** | | **44** | **$779.38** |

**Weight Total:** _____ **Piece Count:** _____

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200053

**Ship To:**
**Masters Provisions**

**Notify:**
**Masters Provisions**

**Invoice Reference**
300074
**Order Date:**
10/14/2009

**Ship Date:**
10/14/2009

**Ship Via:**
Pick-up

Phone#: (___)___-____

Phone#:

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200054

**Ship To:**
**Wishard Home Health Care**

**Notify:**
**Wishard Home Health Care**

**Invoice Reference**
300075
**Order Date:**
11/02/2009

**Ship Date:**
11/02/2009

**Ship Via:**
Pick-up

Phone#: (___)___-____

Phone#:

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700617 | 5848 | Walker, Standard | 1 | 1 | $21.33 |
| 700843 | 5843 | Commode, Bedside | 1 | 1 | $47.97 |
| 700843 | 5844 | Commode, Bedside | 1 | 1 | $47.97 |
| 700843 | 5845 | Commode, Bedside | 1 | 1 | $47.97 |
| 700843 | 5846 | Commode, Bedside | 1 | 1 | $47.97 |
| 700843 | 5847 | Commode, Bedside | 1 | 1 | $47.97 |
| | | **Invoice Totals:** | | **6** | **$261.18** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200055

**Ship To:**
**UNKNOWN**

**Notify:**
**UNKNOWN**

**Invoice Reference**
300077
**Order Date:**
09/18/2009

**Ship Date:**
09/18/2009

**Ship Via:**
Delivery

Phone#: (___)___-____

Phone#:

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700133 | 5822 | Top, Scrub | 10 | 1 | $7.90 |
| | | **Invoice Totals:** | | **1** | **$7.90** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200056

**Ship To:**
**Wafer Homeless Ministry, INC**
PO Box 566
Beach Grove IN 46107

Phone#: (317)508-5924

**Notify:**
**Wafer Homeless Ministry, INC**
PO Box 566
Beach Grove IN 46107

Phone#:

**Invoice Reference**
300078
**Order Date:**
11/17/2009
**Ship Date:**
11/17/2009
**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700833 | 6007 | Clothing, Bag/Box | 17 | 1 | $85.00 |
| | | **Invoice Totals:** | | **1** | **$85.00** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200057

**Ship To:**
**PRODUCT RENAME**

**Notify:** \
**PRODUCT RENAME**

**Invoice Reference**
300079
**Order Date:**
01/05/2010

**Ship Date:**
01/05/2010

**Ship Via:**
Delivery

Phone#: (___)___-____

Phone#:

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0500103 | | Calcium Carbonate 750 mg | | 2,786 | $167.16 |
| 0500104 | | Calcium Carbonate 1000 mg | | 464 | $23.20 |
| 0800201 | | APAP/Chlorpheniramine 325/2 mg | | 48 | $10 56 |
| 0800301 | | APAP/Dextromethorphan, Chil Susp 4 oz., 160/5 mg | 4 oz. | 81 | $402.57 |
| 0800401 | | APAP/Phenylephrine 325/5 mg | | 24 | $1.20 |
| 0800701 | | Zyrtec D (Cetirizine/Pseudoephedrine) 5/120 mg | | 19 | $17.48 |
| 0801401 | | Diphenhydramine/Brompheriramine 25/6 mg | | 30 | $29.10 |
| 0801503 | | Diphenhydramine/Phenylephrine 12.5/10 mg | | 48 | $12.48 |
| 0801801 | | Guaifenesin/Dextromethorphan, Susp 100/10 mg/5 ml | 4 oz. | 92 | $424.12 |
| 0801802 | | Guaifenesin/Dextromethorphan, Susp. 100/10 mg/5 ml | 8 oz. | 12 | $40.44 |
| 0801804 | | Guaifenesin/Dextromethorphan 600/30 mg | | 20 | $7.40 |
| 0801805 | | Guaifenesin/Dextromethorphan, 12 oz 100/10 mg/5 ml | 12 oz | 2 | $18 16 |
| 0801806 | | Guaifenesin/Dextromethorphan 5/100 mg | 4 oz. | 1 | $3 67 |
| 0801807 | | Guaifenesin/Dextromethorphan 200/10 mg | | 60 | $31.20 |
| 0801808 | | Guaifenesin/Dextromethorphan, 8 oz , 200/10 mg | 8 oz. | 4 | $55 12 |
| 0801901 | | Guaifenesin/Phenylephrine 600/20 mg | | 100 | $143.00 |
| 0801902 | | Guaifenesin/Phenylephrine 380/10 mg | | 18 | $17.46 |
| 0802001 | | Guaifenesin/Pseudoephedrine 250/120 mg | | 300 | $186.00 |
| 0803405 | | Saline Nasal Gel, Baby (Ayr) | 8 ml | 10 | $6 20 |
| 0803408 | | Saline, 0.5 oz. | 0.5 oz. | 1 | $1.71 |
| 0804403 | | Chlorpheniramine/Dextromethorphan 4/30 mg | | 32 | $9.92 |
| 0804404 | | Chlorpheniramine/Dextromethorphan, 6 oz., 2/15 mg | 6 oz. | 1 | $6.56 |
| 0805101 | | Phenylephrine/Chlorpheniramine, Child 2/1 mg | 1 oz. | 2 | $36.00 |
| 0805102 | | Phenylephrine/Chlorpheniramine 10/4 mg | | 24 | $4.08 |
| 1000203 | | Calcium/Vitamin D 600 mg/400 IU | | 5 | $0.30 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200027

**Ship To:**
**DISPOSAL**

**Notify:**
**DISPOSAL**

**Invoice Reference**
300080
**Order Date:**
01/07/2010

**Ship Date:**
01/07/2010

**Ship Via:**
Delivery

Phone#: (___)___-____

Phone#:

**Special Instructions: Inventory adjusment to the Medication Room.**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 1104110 | | Zinc Oxide, 3 oz. | 3 oz. | 3 | $20.37 |
| 1104201 | | Diphenhydramine, 10 oz. | 10 oz. | 1 | $5.45 |
| 1104401 | | Petrolatum, 1 75 oz. | 1.75 oz. | 1 | $0.99 |
| 1104801 | | Hemorrhoidal Ointment, 2 oz. | 2 oz | 4 | $15.96 |
| 1104802 | | Hemorrhoidal Ointment, 20 g | 20 gm | 2 | $10.78 |
| 1104805 | | Hemorrhoidal Ointment, 0.9 oz. | 26 g | 1 | $3.57 |
| 1104902 | | Diphenhydramine, 2 oz. | 2 oz. | 1 | $3 02 |
| 1104905 | | Diphenhydramine, 2 oz. Spray | 2 oz. | 1 | $4 99 |
| 1105101 | | Menthol, 1.25 oz | 1 25 oz | 2 | $5 30 |
| 1105702 | | Povidone-Iodine, Swabstick | Swabstick | 6 | $0.36 |
| 1105801 | | Cadexomer Iodine, 40 g, 500 mg/g | 40 g Gel | 1 | $61.50 |
| 1105901 | | Lubricating Jelly | 2.7 g | 8 | $0.08 |
| 1106701 | | Eye Drops, Pink | 0.33 oz. | 1 | $8 50 |
| 1108101 | | Silver Antimicrobial (Silvasorb) 1.5 oz | | 5 | $112 15 |
| | | **Invoice Totals:** | | **261361** | **$13,392.34** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200045

**Ship To:**
**CMF International**
5525 E 82nd Street
Indianapolis IN 46250

Phone#: 317-578-2700

**Notify:**
**CMF International**
5525 E. 82nd Street
Indianapolis IN 46250

Phone#:

**Invoice Reference**
300081
**Order Date:**
11/17/2009
**Ship Date:**
11/17/2009
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700091 | 6142 | Cuff, Blood Pressure | 3 | 1 | $306.36 |
| 700129 | 6147 | Glove, Exam | 300 | 1 | $6.00 |
| 700131 | 6150 | Glove, Sterile Surgical | 30 | 1 | $25 20 |
| 700182 | 6146 | Thermometer, Digital | 3 | 1 | $16.62 |
| 700277 | 6143 | Stethoscope | 3 | 1 | $11.58 |
| 700308 | 6148 | Underpad | 30 | 1 | $5.10 |
| 700353 | 6145 | Pad, Alcohol Prep | 300 | 1 | $6.00 |
| 700360 | 6149 | Gauze, 4x4 | 82 | 1 | $2.46 |
| 700486 | 6144 | Lancet | 200 | 1 | $4.00 |
| | | **Invoice Totals:** | | **9** | **$383.32** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200006

**Ship To:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd. East
West Palm Beach 33417
Haiti

Phone#:

**Notify:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd. East
West Palm Beach 33417

Phone#:

**Invoice Reference**
300082
**Order Date:**
10/08/2009
**Ship Date:**
10/08/2009
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700133 | 6141 | Top, Scrub | 3 | 1 | $2.37 |
| | | **Invoice Totals:** | | **1** | **$2.37** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200059

**Ship To:**
**Bring the Good News**

NY

Phone#: (___)___-____

**Notify:**
**Bring the Good News**

NY

Phone#:

**Invoice Reference**
300083
**Order Date:**
11/18/2009
**Ship Date:**
11/18/2009
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700091 | 6153 | Cuff, Blood Pressure | 4 | 1 | $408.48 |
| 700277 | 6154 | Stethoscope | 4 | 1 | $15.44 |
| 700563 | 6151 | Wheelchair | 1 | 1 | $110.12 |
| | | **Invoice Totals:** | | **3** | **$534.04** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200060

**Ship To:**
**Oeration Classroom**
PO Box 246
Colfax IN 46035

Angie Whitaker
Phone#: (765)436-2805

**Special Instructions:**

**Notify:**
**Oeration Classroom**
PO Box 246
Colfax IN 46035

Phone#:

**Invoice Reference**
300084
**Order Date:**
12/31/2009
**Ship Date:**
01/14/2010
**Ship Via:**
Delivery

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700129 | 6156 | Glove, Exam | 250 | 1 | $5 00 |
| 700131 | 6155 | Glove, Sterile Surgical | 95 | 1 | $79.80 |
| 700226 | 6159 | Brace, Ankle | 1 | 1 | $27.80 |
| 700232 | 6157 | Support, Back | 1 | 1 | $14.21 |
| 700244 | 6158 | Splint, Finger | 1 | 1 | $0.81 |
| 700822 | 5283 | Support, Lumbar | 1 | 1 | $10.39 |
| | | **Invoice Totals:** | | **6** | **$138.01** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200016

**Ship To:**
**St. Francis NHC**
234 E. Southern Ave.
Indianapolis IN 46225
United States

Brooke Carter
Phone#: (___)___-____

**Notify:**
**St. Francis NHC**
234 E. Southern Ave.
Indianapolis IN 46225

Phone#:

**Invoice Reference**
300085
**Order Date:**
12/28/2009
**Ship Date:**
01/14/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700563 | 6160 | Wheelchair | 1 | 1 | $110.12 |
| | | **Invoice Totals:** | | **1** | **$110.12** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200061

**Ship To:**
**Operation Walk**
1199 Hadley Road
Mooresville IN 46158

Eric Norcross
Phone#: (___)___-____

**Notify:**
**Operation Walk**
1199 Hadley Road
Mooresville IN 46158

Phone#:

**Invoice Reference**
300086
**Order Date:**
01/14/2010
**Ship Date:**
01/14/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700470 | | Crutch, Pairs | | 4 | $46.36 |
| 700617 | 6161 | Walker, Standard | 53 | 1 | $1,130.49 |
| | | **Invoice Totals:** | | **5** | **$1,176.85** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200062

**Ship To:**
**Grundy Mountain Mission School**
1760 Edgewater Drive
Grundy VA 24614

Phone#: (276)935-2954

**Notify:**
**Grundy Mountain Mission School**
1760 Edgewater Drive
Grundy VA 24614

Phone#:

**Invoice Reference**
300087
**Order Date:**
11/23/2009
**Ship Date:**
01/14/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0300102 | | Aspirin 325 mg | | 3,450 | $34.50 |
| | | **Invoice Totals:** | | **3450** | **$34.50** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200025

**Ship To:**
**ABC Children's Aid**
P.O. Box 715
Anderson IN 46013
United States

Phone#: (___)___-____

**Notify:**
**ABC Children's Aid**
P.O. Box 715
Anderson IN 46013

Phone#:

**Invoice Reference**
300088
**Order Date:**
12/02/2009
**Ship Date:**
01/14/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100501 | | IBU 200 mg | | 9,746 | $97.46 |
| 0801002 | | Dextromethorphan, 3 oz., 30 mg/5 ml | 3 oz. | 1 | $7 72 |
| 0802202 | | Loratadine, 10 mg | | 2,400 | $168 00 |
| 0802604 | | Multi-Symptom Cold, 10 oz. | 10 oz. | 20 | $109 80 |
| 0806101 | | Oral Analgesic (Chloraseptic) | | 243 | $36 45 |
| 1000402 | | Multivitamin, Child | | 1,200 | $72.00 |
| 1104004 | | Antibiotic Ointment, 0 5 oz. | 0.5 oz. | 46 | $136.16 |
| 1104006 | | Antibiotic Ointment, 0 25 oz. | 0.25 oz. | 12 | $35.88 |
| | | **Invoice Totals:** | | **13668** | **$663.47** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200063

**Ship To:**
**Good News Ministries**
2716 E. Washington St.
P O. Box 1871
Indianapolis IN 46206-1871

Patricia Camano
Phone#: (317)638-2862

**Notify:**
**Good News Ministries**
2716 E. Washington St.
P.O Box 1871
Indianapolis IN 46206-1871

Phone#:

**Invoice Reference**
300090
**Order Date:**
12/09/2009
**Ship Date:**
12/09/2009
**Ship Via:**
Delivery

**Special Instructions: Medicines that were short dated.**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100103 | | APAP 650 mg | | 50 | $0 00 |
| 0100107 | | APAP, Infant, 0.5 oz., 80 mg/0.8 ml | 0.5 oz | 1 | $3 91 |
| 0100501 | | IBU 200 mg | | 160 | $1.60 |
| 0100601 | | Naproxen Sodium 220 mg | | 3 | $0.00 |
| 0500101 | | Antacid | | 300 | $3.00 |
| 0801301 | | Diphenhydramine, Child, 4 oz., 12.5 mg/5 ml | 4 oz | 49 | $95.06 |
| 0802502 | | Montelukast Sodium (Singulair) 5 mg | | 28 | $91.00 |
| 0802601 | | Multi-Symptom Cold | | 20 | $6.80 |
| 0802603 | | Multi-Symptom Cold, 8 oz | 8 oz. | 1 | $5.96 |
| 0802615 | | Multi-Symptom Cold, PM, 8 oz. | 8 oz. | 34 | $271.66 |
| 0802619 | | Multi-Symptom Cold, PM | | 24 | $8.16 |
| 0803902 | | Oxymetazoline, 0.5 oz. | 0.5 oz. | 1 | $1.52 |
| 0804003 | | Epinephrine (Primatene) 0.22 mg, 15 ml | 15 ml | 1 | $6.10 |
| 0804701 | | Cetirizine 10 mg | | 14 | $28 28 |
| 0804702 | | Cetirizine, Child, 5 mg | | 19 | $6.27 |
| 1000401 | | Multivitamin, Adult | | 30 | $1.80 |
| 1100603 | | Antibiotic Ointment, 0 9 oz. | 0.9 g | 73 | $7 30 |
| 1101701 | | Eye Drops, 0.5 oz | 0.5 oz. | 1 | $1.20 |
| 1102003 | | Hydrocortisone, 1 oz. | 1 oz. | 8 | $23.92 |
| 1102004 | | Hydrocortisone, 2 oz. | 2 oz | 4 | $10.36 |
| 1102009 | | Hydrocortisone, 3 oz. | 3 oz. | 1 | $6.48 |
| 1102010 | | Hydrocortisone, 0.7 oz. | 0.7 oz. | 1 | $4.62 |
| 1104002 | | Antibiotic Ointment, 1 oz. | 1 oz. | 2 | $9.20 |
| 1104801 | | Hemorrhoidal Ointment, 2 oz | 2 oz. | 2 | $7.98 |
| 1104806 | | Hemorrhoidal Ointment, 1 oz. | 28 g | 1 | $4.11 |
| 1104903 | | Diphenhydramine, 1 oz. | 1 oz. | 4 | $15.96 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200063

**Ship To:**
**Good News Ministries**
2716 E. Washington St.
P.O. Box 1871
Indianapolis IN 46206-1871

Patricia Camano
Phone#: (317)638-2862

**Notify:**
**Good News Ministries**
2716 E. Washington St.
P O. Box 1871
Indianapolis IN 46206-1871

Phone#:

**Invoice Reference**
300090
**Order Date:**
12/09/2009
**Ship Date:**
12/09/2009
**Ship Via:**
Delivery

**Special Instructions: Medicines that were short dated.**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| | | **Invoice Totals:** | | **832** | **$622.25** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200022

**Ship To:**
**Lifeline Christian Mission**
184 Alde County Line Rd.
Westerville OH 43081
United States

Phone#: (___)___-____

**Notify:**
**Lifeline Christian Mission**
184 Alde County Line Rd.
Westerville OH 43081

Phone#:

**Invoice Reference**
300091
**Order Date:**
01/15/2010
**Ship Date:**
01/15/2010
**Ship Via:**
Delivery

**Special Instructions: Haiti Relief**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0202401 | | Omnicef, 250 mg/5 ml, 100 ml | 100 ml | 132 | $23,107.92 |
| | | **Invoice Totals:** | | **132** | **$23,107.92** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200019

**Ship To:**
**Panama Christian Evangelism**
705 Pineview Dr.
Zionsville 46077
Panama

Phone#: 011-507-6618-3352

**Notify:**
**Panama Christian Evangelism**
705 Pineview Dr.
Zionsville 46077

Phone#:

**Invoice Reference**
300092
**Order Date:**
01/25/2010
**Ship Date:**
01/25/2010
**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 1000401 | | Multivitamin, Adult | | 1,800 | $108.00 |
| | | **Invoice Totals:** | | **1800** | **$108.00** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200040

**Ship To:**
**Operation Classroom**
Kissy Hospital
5050 Pappas Drive
Indianapolis 46237
Sierra Leone

Phone#: (___)___-____

**Notify:**
**Operation Classroom**
Kissy Hospital
5050 Pappas Drive
Indianapolis 46237

Phone#:

**Invoice Reference**
300093
**Order Date:**
12/22/2009
**Ship Date:**
01/26/2010
**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700027 | 1356 | Mask, Procedure | 1027 | 1 | $174.59 |
| 700027 | 5482 | Mask, Procedure | 30 | 1 | $5.10 |
| 700029 | 5161 | Mask, Surgical | 210 | 1 | $58.80 |
| 700029 | 5484 | Mask, Surgical | 102 | 1 | $28.56 |
| 700029 | 5492 | Mask, Surgical | 42 | 1 | $11.76 |
| 700051 | 1429 | Hammer, Reflex | 7 | 1 | $14.91 |
| 700052 | 1430 | Bottle, Water | 1 | 1 | $3 43 |
| 700091 | 6482 | Cuff, Blood Pressure | 2 | 1 | $204 24 |
| 700123 | 1699 | Swabstick, Providone Iodine | 254 | 1 | $35.56 |
| 700127 | 1710 | Tip, Dental Cleaning | 2000 | 1 | $200.00 |
| 700127 | 1711 | Tip, Dental Cleaning | 2000 | 1 | $200.00 |
| 700131 | 6484 | Glove, Sterile Surgical | 2 | 1 | $1.68 |
| 700133 | 5355 | Top, Scrub | 26 | 1 | $20.54 |
| 700134 | 4311 | Pant, Scrub | 14 | 1 | $33.46 |
| 700134 | 5449 | Pant, Scrub | 16 | 1 | $38 24 |
| 700134 | 5450 | Pant, Scrub | 13 | 1 | $31.07 |
| 700218 | | Mattress, Hospital | | 1 | $50 99 |
| 700266 | 5486 | Gown, Surgical | 7 | 1 | $11.13 |
| 700268 | 5605 | Sheet, Drape | 12 | 1 | $2.88 |
| 700277 | 6481 | Stethoscope | 1 | 1 | $3 86 |
| 700310 | 5494 | Drape, Utility | 22 | 1 | $12.32 |
| 700317 | 5496 | Washcloth | 120 | 1 | $3.60 |
| 700329 | 5470 | Tray, Dressing Change | 11 | 1 | $50.82 |
| 700331 | 4542 | Gauze Pad | 19 | 1 | $1.14 |
| 700331 | 4543 | Gauze Pad | 22 | 1 | $1.32 |
| 700359 | 4545 | Gauze, 2x2 | 100 | 1 | $1.00 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200040

**Ship To:**
**Operation Classroom**
Kissy Hospital
5050 Pappas Drive
Indianapolis 46237
Sierra Leone

Phone#: (___)___-____

**Notify:**
**Operation Classroom**
Kissy Hospital
5050 Pappas Drive
Indianapolis 46237

Phone#:

**Invoice Reference**
300093
**Order Date:**
12/22/2009
**Ship Date:**
01/26/2010
**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700365 | 5487 | Cap, Bouffant | 150 | 1 | $4.50 |
| 700370 | 5483 | Cap, Surgical | 300 | 1 | $63 00 |
| 700376 | 6479 | Cart, Metal w/wheels | 1 | 1 | $79 57 |
| 700404 | 4290 | Applicator, Cotton Tip | 895 | 1 | $17.90 |
| 700404 | 5473 | Applicator, Cotton Tip | 12928 | 1 | $258.56 |
| 700429 | 5495 | Gauze, Tubular | 6 | 1 | $75.12 |
| 700431 | 4676 | Suture | 711 | 1 | $177.75 |
| 700466 | 4308 | Coat, Lab | 20 | 1 | $155.80 |
| 700503 | 5149 | Dressing, (Tegaderm) Transparent | 96 | 1 | $54.72 |
| 700773 | 6477 | Chair, Blood Drawing | 3 | 1 | $1,460.16 |
| 700774 | 5468 | Wrap, Sterilization (SMS) | 500 | 1 | $4,420.00 |
| 700792 | 5167 | Povidone Iodine Scrub Sponge Stick | 72 | 1 | $56.16 |
| 700889 | 6483 | Meal, Kids Against Hunger | 29376 | 1 | $6,756.48 |
| 700897 | 6476 | Headboard | 12 | 1 | $643.20 |
| 700898 | 6480 | Hematocrit Centrifuge | 2 | 1 | $166.56 |
| | | **Invoice Totals:** | | **41** | **$15,590.48** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200045

**Ship To:**
**CMF International**
5525 E 82nd Street
Indianapolis IN 46250

Phone#: 317-578-2700

**Notify:**
**CMF International**
5525 E 82nd Street
Indianapolis IN 46250

Phone#:

**Invoice Reference**
300094
**Order Date:**
02/17/2010
**Ship Date:**
02/17/2010
**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** N/A **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700214 | 6773 | Glucometer | 5 | 1 | $34.65 |
| | | **Invoice Totals:** | | **1** | **$34.65** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200008

**Ship To:**
**Del Corazonde Jesucristo**

Dominican Republic

Phone#: (___)___-____

**Notify:**
**Del Corazonde Jesucristo**

Phone#:

**Invoice Reference**
300095
**Order Date:**
02/25/2010

**Ship Date:**
02/25/2010

**Ship Via:**
Delivery

**Special Instructions:** **Medical Mission Trip**
**February 12-19, 2010**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100102 | | APAP 500 mg | | 92 | $3.68 |
| 0100104 | | APAP, Child, 80 mg | | 510 | $35.70 |
| 0100110 | | APAP, Child, 160 mg | | 696 | $118.32 |
| 0100703 | | Lidocaine HCL, 50 ml, 20 mg/ml | 50 ml | 4 | $142.28 |
| 0100705 | | Lidocaine HCL, 2 oz. | 2 oz. | 1 | $2.05 |
| 0200301 | | Amoxicillin/Clavulanate Potassium, 75 ml, 400 mg | 75 ml | 10 | $70.50 |
| 0200303 | | Amoxicillin 500 mg | | 2,000 | $220.00 |
| 0200304 | | Amoxicillin, 100 ml, 250 mg | 100 ml | 12 | $37.44 |
| 0200309 | | Amoxicillin, 400 mg/5 ml, 100 ml | 100 ml | 16 | $51 20 |
| 0200502 | | Ceftriaxone, 1 G | 1 G | 4 | $9.56 |
| 0200603 | | Cephalexin 500 mg | | 1,900 | $247.00 |
| 0200605 | | Cephalexin, 250 mg, 100 ml | 100 ml | 16 | $96.80 |
| 0200702 | | Ciprofloxacin (Cipro), 500 mg | | 900 | $4,842.00 |
| 0201301 | | Metronidazole 500 mg | | 500 | $30.00 |
| 0201702 | | Sulfamethoxazole Trimethoprime, 800/160 mg | | 500 | $30 00 |
| 0202401 | | Omnicef, 250 mg/5 ml, 100 ml | 100 ml | 35 | $6,127 10 |
| 0202501 | | Azithromycin, 200 mg, 5 ml | 15 ml | 16 | $198.24 |
| 0202502 | | Azithromycin, 250 mg | | 342 | $229.14 |
| 0202503 | | Azithromycin, 15 ml, 100 mg | 15 ml | 16 | $198.24 |
| 0202601 | | Mebendazole, 500 mg | | 600 | $1,926.00 |
| 0300101 | | Aspirin 81 mg | | 72 | $0.72 |
| 0300901 | | Hydrochlorothiazide 25 mg | | 1,000 | $10 00 |
| 0500101 | | Antacid | | 25 | $0.25 |
| 0501203 | | Loperamide, Child, 4 oz., 1 mg/5 ml | 4 oz. | 1 | $5.25 |
| 0501401 | | Omeprazole, 20 mg | | 14 | $5.46 |
| 0700301 | | Pregnancy Test | | 20 | $23.80 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200008

**Ship To:**
**Del Corazonde Jesucristo**

Dominican Republic

Phone#: (___)___-____

**Notify:**
**Del Corazonde Jesucristo**

Phone#:

**Invoice Reference**
300095
**Order Date:**
02/25/2010

**Ship Date:**
02/25/2010

**Ship Via:**
Delivery

**Special Instructions:** **Medical Mission Trip**
**February 12-19, 2010**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0801301 | | Diphenhydramine, Child, 4 oz., 12.5 mg/5 ml | 4 oz. | 4 | $8.80 |
| 0802202 | | Loratadine, 10 mg | | 295 | $20.65 |
| 0802204 | | Loratadine,Child, 2 oz , 5 mg/ 5 ml | 2 oz. | 6 | $33 54 |
| 0802401 | | Cough Drop | | 180 | $18.00 |
| 0802601 | | Multi-Symptom Cold | | 267 | $90.78 |
| 0802602 | | Multi-Symptom Cold, 4 oz. | 4 oz. | 10 | $45.90 |
| 0802605 | | Multi-Symptom Cold, Child, 4 oz. | 4 oz. | 2 | $12.34 |
| 0802613 | | Multi-Symptom Cold, Strip | Strip | 24 | $9.12 |
| 0802617 | | Multi-Symptom Cold, Child, Srip | Strip | 126 | $59.22 |
| 0802619 | | Multi-Symptom Cold, PM | | 110 | $37.40 |
| 0803410 | | Saline, 3 oz. | 3 oz. | 1 | $2.80 |
| 0803601 | | Nasonex, 50 mcg, 17 G | 17 g | 1 | $77.85 |
| 0803801 | | Flonase, 50 mcg, 16 G | 16 g | 1 | $57 00 |
| 0803901 | | Oxymetazoline, 1 oz | 1 oz | 1 | $2 43 |
| 0803902 | | Oxymetazoline, 0 5 oz. | 0.5 oz. | 1 | $1.52 |
| 0804701 | | Cetirizine 10 mg | | 84 | $169.68 |
| 0804704 | | Cetirizine (Zyrtec), Child , 4 oz., 5 mg /5 ml | 4 oz. | 2 | $14.00 |
| 0804802 | | Budesodine 180 mcg | | 2 | $273.94 |
| 0805001 | | Ciclesonide 50 mcg | | 25 | $2,116.50 |
| 0900201 | | Prednisone, 5 mg | | 1,000 | $40 00 |
| 1000401 | | Multivitamin, Adult | | 510 | $30.60 |
| 1000404 | | Multivitamin, Infant, 1 2/3 oz. | 50 ml | 26 | $89 44 |
| 1000501 | | Prenatal Vitamin | | 2,390 | $71 70 |
| 1101101 | | Anti-Fungal Cream, 0.5 oz. | 0 5 oz. | 61 | $346.39 |
| 1101103 | | Anti-Fungal Cream, 2 oz. | 2 oz. | 2 | $3.92 |
| 1101104 | | Anti-Fungal Cream, 1.25 oz. | 1 25 oz. | 5 | $13.45 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200008

**Ship To:**
**Del Corazonde Jesucristo**

Dominican Republic

Phone#: (___)___-____

**Notify:**
**Del Corazonde Jesucristo**

Phone#:

**Invoice Reference**
300095
**Order Date:**
02/25/2010

**Ship Date:**
02/25/2010

**Ship Via:**
Delivery

**Special Instructions:** **Medical Mission Trip**
**February 12-19, 2010**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 1101701 | | Eye Drops, 0 5 oz. | 0.5 oz. | 45 | $54.00 |
| 1101702 | | Eye Drops, 1 oz | 1 oz. | 3 | $15.12 |
| 1102002 | | Hydrocortisone, 0.5 oz. | 0.5 oz. | 1 | $3.79 |
| 1102003 | | Hydrocortisone, 1 oz. | 1 oz. | 8 | $23.92 |
| 1103201 | | Permethrin, 60 G, 50 mg/g | 60 g | 54 | $302.94 |
| 1104002 | | Antibiotic Ointment, 1 oz | 1 oz | 9 | $41.40 |
| 1104004 | | Antibiotic Ointment, 0 5 oz. | 0.5 oz. | 9 | $26.64 |
| 1104903 | | Diphenhydramine, 1 oz | 1 oz. | 1 | $3.99 |
| 1106801 | | Gentamicin Eye Drops | | 1 | $5.95 |
| 1107002 | | Eye Ointment, Perscription, 3.5 G | 3.5 G | 20 | $34.80 |
| 1300301 | | Urinalysis Test Strip | Strip | 100 | $251.00 |
| | | **Invoice Totals:** | | **14689** | **$19,071.25** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200017

**Ship To:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud
Honduras

Phone#:

**Notify:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud

Phone#:

**Invoice Reference**
300096
**Order Date:**
02/26/2010
**Ship Date:**
02/26/2010
**Ship Via:**
Delivery

**Special Instructions:** **Medical Mission Trip**
**February 26-March 5, 2010**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100102 | | APAP 500 mg | | 9,953 | $398.12 |
| 0100103 | | APAP 650 mg | | 98 | $0.00 |
| 0100104 | | APAP, Child, 80 mg | | 330 | $23.10 |
| 0100107 | | APAP, Infant, 0.5 oz., 80 mg/0.8 ml | 0 5 oz | 23 | $89.93 |
| 0100108 | | APAP, Infant, 1 oz , 80 mg/0 8 ml | 1 oz. | 3 | $11.25 |
| 0100109 | | APAP, Child, 4 oz., 160 mg/5 ml | 4 oz. | 78 | $222.30 |
| 0100110 | | APAP, Child, 160 mg | | 192 | $32.64 |
| 0100201 | | APAP, 500 mg, PM | | 300 | $15.00 |
| 0100501 | | IBU 200 mg | | 30,398 | $1,047.92 |
| 0100503 | | IBU 600 mg | | 500 | $145.00 |
| 0100504 | | IBU 800 mg | | 270 | $59 40 |
| 0100508 | | IBU, Infant,1 oz., 50 mg/5ml | 1 oz | 77 | $77.00 |
| 0100509 | | IBU, Child, 4 oz , 100 mg/5 ml | 4 oz. | 27 | $111 51 |
| 0100511 | | IBU, Child, 8 oz., 100 mg/5 ml | 8 oz | 1 | $7.99 |
| 0101401 | | Rizatriptan ( Maxalt) 10 mg | | 17 | $350 37 |
| 0200303 | | Amoxicillin 500 mg | | 1,000 | $110.00 |
| 0200305 | | Amoxicillin, 150 ml, 250 mg/5 ml | 150 ml | 18 | $56.16 |
| 0200309 | | Amoxicillin, 400 mg/5 ml, 100 ml | 100 ml | 8 | $56.40 |
| 0200603 | | Cephalexin 500 mg | | 500 | $155.00 |
| 0200605 | | Cephalexin, 250 mg, 100 ml | 100 ml | 24 | $145.20 |
| 0200702 | | Ciprofloxacin (Cipro), 500 mg | | 100 | $538.00 |
| 0201002 | | Fluconazole, 150 mg | | 60 | $30 00 |
| 0201702 | | Sulfamethoxazole Trimethoprime, 800/160 mg | | 500 | $30.00 |
| 0202401 | | Omnicef, 250 mg/5 ml, 100 ml | 100 ml | 58 | $10,153.48 |
| 0202502 | | Azithromycin, 250 mg | | 108 | $72 36 |
| 0202503 | | Azithromycin, 15 ml, 100 mg | 15 ml | 12 | $148 68 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200017

**Ship To:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud
Honduras

Phone#:

**Notify:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud

Phone#:

**Invoice Reference**
300096
**Order Date:**
02/26/2010
**Ship Date:**
02/26/2010
**Ship Via:**
Delivery

**Special Instructions:** **Medical Mission Trip**
**February 26-March 5, 2010**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0202601 | | Mebendazole, 500 mg | | 1,000 | $3,210.00 |
| 0300101 | | Aspirin 81 mg | | 900 | $9.00 |
| 0300102 | | Aspirin 325 mg | | 1,000 | $10.00 |
| 0400301 | | Metformin, 500 mg | | 1,000 | $690.00 |
| 0500101 | | Antacid | | 1,134 | $13.26 |
| 0500201 | | Bisacodyl, 5 mg | | 2,000 | $20.00 |
| 0501301 | | Magnesium Hydroxide (Milk of Mag.), 12 oz.,1200 mg | 12 oz. | 1 | $1.42 |
| 0502002 | | Famotidine, 20 mg | | 36,000 | $62,640.00 |
| 0700301 | | Pregnancy Test | | 20 | $23.80 |
| 0801002 | | Dextromethorphan, 3 oz , 30 mg/5 ml | 3 oz. | 12 | $92.64 |
| 0801302 | | Diphenhydramin, Child, 8 oz.,12.5mg/5 ml | 8 oz | 2 | $6.10 |
| 0801303 | | Diphenhydramine, 25 mg | | 296 | $5.92 |
| 0801702 | | Guaifenesin, 100mg/5 ml, 4 oz. | 4 oz | 1 | $1.87 |
| 0802203 | | Loratadine, Child, 5 mg | | 40 | $28.00 |
| 0802204 | | Loratadine,Child, 2 oz , 5 mg/ 5 ml | 2 oz. | 6 | $33 54 |
| 0802601 | | Multi-Symptom Cold | | 96 | $32 64 |
| 0802602 | | Multi-Symptom Cold, 4 oz. | 4 oz. | 80 | $367 20 |
| 0802603 | | Multi-Symptom Cold, 8 oz. | 8 oz. | 10 | $59 60 |
| 0802609 | | Multi-Symptom Cold, 1 oz. | 1 oz. | 2 | $9 12 |
| 0802614 | | Multi-Symptom Cold, 12 oz. | 12 oz. | 1 | $9.08 |
| 0802617 | | Multi-Symptom Cold, Child, Srip | Strip | 98 | $46 06 |
| 0802619 | | Multi-Symptom Cold, PM | | 60 | $20.40 |
| 0804704 | | Cetirizine (Zyrtec), Child , 4 oz., 5 mg /5 ml | 4 oz. | 3 | $21.00 |
| 0805001 | | Ciclesonide 50 mcg | | 25 | $2,116.50 |
| 0806101 | | Oral Analgesic (Chloraseptic) | | 93 | $13.95 |
| 1000202 | | Calcium/Vitamin D | | 60 | $1.80 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200017

**Ship To:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud
Honduras

Phone#:

**Notify:**
**His Eyes, Clinica Medica**
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud

Phone#:

**Invoice Reference**
300096
**Order Date:**
02/26/2010
**Ship Date:**
02/26/2010
**Ship Via:**
Delivery

**Special Instructions:** **Medical Mission Trip**
**February 26-March 5, 2010**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 1000401 | | Multivitamin, Adult | | 7,280 | $436.80 |
| 1000402 | | Multivitamin, Child | | 7,138 | $428.28 |
| 1000404 | | Multivitamin, Infant, 1 2/3 oz | 50 ml | 16 | $67.96 |
| 1000501 | | Prenatal Vitamin | | 285 | $8.55 |
| 1100603 | | Antibiotic Ointment, 0.9 oz. | 0.9 g | 508 | $50.80 |
| 1102003 | | Hydrocortisone, 1 oz | 1 oz. | 23 | $68 77 |
| 1104002 | | Antibiotic Ointment, 1 oz. | 1 oz. | 20 | $92 00 |
| 1104003 | | Antibiotic Ointment, 0.33 oz | 0.33 oz. | 4 | $0.68 |
| 1104004 | | Antibiotic Ointment, 0.5 oz. | 0.5 oz. | 3 | $8.88 |
| 1104005 | | Antibiotic Ointment, 2 oz. | 2 oz. | 2 | $11.64 |
| 1104801 | | Hemorrhoidal Ointment, 2 oz. | 2 oz. | 2 | $7.98 |
| 1105104 | | Menthol, 1.5 oz. | 1.5 oz. | 34 | $87.38 |
| 1300301 | | Urinalysis Test Strip | Strip | 100 | $251.00 |
| 700133 | 6913 | Top, Scrub | 23 | 1 | $18 17 |
| | | **Invoice Totals:** | | **104011** | **$85,108.60** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200065

**Ship To:**
**Brooke Carter**
234 E Southern Ave.
Indianapolis IN 46225

Phone#: (317)791-9052

**Notify:**
**Brooke Carter**
234 E Southern Ave.
Indianapolis IN 46225

Phone#:

**Invoice Reference**
300097
**Order Date:**
03/16/2010
**Ship Date:**
03/23/2010
**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700470 | | Crutch, Pairs | | 1 | $11.59 |
| 700471 | | Cane | | 2 | $39.92 |
| 700573 | 7248 | Walker, Folding | 1 | 1 | $22.41 |
| 700573 | 7249 | Walker, Folding | 1 | 1 | $22.41 |
| 700578 | 7246 | Walker, Rolling | 1 | 1 | $63.20 |
| 700617 | 7247 | Walker, Standard | 1 | 1 | $21.33 |
| | | **Invoice Totals:** | | 7 | **$180.86** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200018

**Ship To:**
**North Western Hatian Christian Mission**
7 Morne Fort
St. Louis du nord, Haiti
Haiti

Phone#:

**Notify:**
**North Western Hatian Christian Mission**
7 Morne Fort
St. Louis du nord, Haiti

Janeil
Phone#: 859-312-5928
Jacques St. Charles
Phone#: 509-734-9070

**Invoice Reference**
300098
**Order Date:**
03/22/2010
**Ship Date:**
03/23/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700458 | 7358 | Table, Exam, Manual | 1 | 1 | $599.73 |
| 700470 | | Crutch, Pairs | | 62 | $718.58 |
| 700471 | | Cane | | 4 | $79.84 |
| 700573 | 7361 | Walker, Folding | 1 | 1 | $22.41 |
| 700573 | 7362 | Walker, Folding | 1 | 1 | $22 41 |
| 700573 | 7363 | Walker, Folding | 1 | 1 | $22.41 |
| 700573 | 7364 | Walker, Folding | 1 | 1 | $22.41 |
| 700573 | 7365 | Walker, Folding | 1 | 1 | $22.41 |
| 700573 | 7366 | Walker, Folding | 1 | 1 | $22.41 |
| 700573 | 7367 | Walker, Folding | 1 | 1 | $22.41 |
| 700573 | 7368 | Walker, Folding | 1 | 1 | $22.41 |
| 700573 | 7369 | Walker, Folding | 1 | 1 | $22.41 |
| 700573 | 7370 | Walker, Folding | 1 | 1 | $22.41 |
| 700573 | 7371 | Walker, Folding | 1 | 1 | $22 41 |
| 700573 | 7372 | Walker, Folding | 1 | 1 | $22.41 |
| 700573 | 7373 | Walker, Folding | 1 | 1 | $22.41 |
| 700573 | 7374 | Walker, Folding | 1 | 1 | $22 41 |
| 700573 | 7375 | Walker, Folding | 1 | 1 | $22 41 |
| 700573 | 7376 | Walker, Folding | 1 | 1 | $22.41 |
| 700573 | 7377 | Walker, Folding | 1 | 1 | $22 41 |
| 700573 | 7378 | Walker, Folding | 1 | 1 | $22 41 |
| 700573 | 7379 | Walker, Folding | 1 | 1 | $22.41 |
| 700573 | 7380 | Walker, Folding | 1 | 1 | $22 41 |
| 700573 | 7381 | Walker, Folding | 1 | 1 | $22 41 |
| 700573 | 7382 | Walker, Folding | 1 | 1 | $22.41 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200018

**Ship To:**
**North Western Hatian Christian Mission**
7 Morne Fort
St. Louis du nord, Haiti
Haiti

Phone#:

**Notify:**
**North Western Hatian Christian Mission**
7 Morne Fort
St. Louis du nord, Haiti

Janeil
Phone#: 859-312-5928
Jacques St Charles
Phone#: 509-734-9070

**Invoice Reference**
300098
**Order Date:**
03/22/2010
**Ship Date:**
03/23/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700573 | 7383 | Walker, Folding | 1 | 1 | $22 41 |
| 700573 | 7384 | Walker, Folding | 1 | 1 | $22.41 |
| 700573 | 7385 | Walker, Folding | 1 | 1 | $22.41 |
| 700621 | 7359 | Shelf/Cabinet | 1 | 1 | $23.99 |
| 700925 | 7356 | Supplies, Various Medical | 473 | 1 | $946.00 |
| 700925 | 7357 | Supplies, Various Medical | 345 | 1 | $690.00 |
| | | **Invoice Totals:** | | **95** | **$3,618.39** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200015

**Ship To:**
**Wordlwide Hispanic Outreach**

**Notify:**
**Wordlwide Hispanic Outreach**

**Invoice Reference**
300099
**Order Date:**
03/14/2010

**Ship Date:**
03/25/2010

Ernesto Fuentes
Phone#: (___)___-____

Phone#:

**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700065 | 1516 | Catheter, IV | 44 | 1 | $29.92 |
| 700106 | 5475 | Kit, Nebulizer | 33 | 1 | $415.80 |
| 700129 | 7398 | Glove, Exam | 400 | 1 | $8.00 |
| 700133 | 7401 | Top, Scrub | 15 | 1 | $11 85 |
| 700182 | 7400 | Thermometer, Digital | 12 | 1 | $66 48 |
| 700210 | | Tower, Computer, Refurbished (Used) | | 2 | $150.00 |
| 700214 | 7402 | Glucometer | 3 | 1 | $20.79 |
| 700216 | 7399 | Bandage, Ace | 10 | 1 | $12.00 |
| 700471 | | Cane | | 5 | $99.80 |
| 700481 | 6757 | Pole, IV | 1 | 1 | $12.80 |
| 700481 | 6761 | Pole, IV | 1 | 1 | $12 80 |
| 700616 | 7397 | Chair, Office | 3 | 1 | $132.00 |
| 700704 | 7387 | Alcohol, Rubbing | 6 | 1 | $9.60 |
| 700705 | 7393 | Hydrogen Peroxide | 8 | 1 | $6.40 |
| 700754 | 7396 | Chair, Transport | 5 | 1 | $410.50 |
| 700782 | 5133 | Compressor Nebulizer System | 1 | 1 | $23.96 |
| 700839 | 5528 | Chair, Dental | 1 | 1 | $1,725.60 |
| 700839 | 5529 | Chair, Dental | 1 | 1 | $1,725.60 |
| 700913 | 6754 | Scale, Adult Beam | 1 | 1 | $169 31 |
| 700917 | 7139 | Wipes, Antibacterial | 100 | 1 | $13.00 |
| 700917 | 7140 | Wipes, Antibacterial | 100 | 1 | $13.00 |
| | | **Invoice Totals:** | | **26** | **$5,069.21** |

**Weight Total:** _____ **Piece Count:** _____

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200015

**Ship To:**
**Wordlwide Hispanic Outreach**

**Notify:**
**Wordlwide Hispanic Outreach**

**Invoice Reference**
300099
**Order Date:**
03/14/2010
**Ship Date:**
03/25/2010
**Ship Via:**
Pick-up

Ernesto Fuentes
Phone#: (___)___-____

Phone#:

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200066

**Ship To:**
**EFCA Touch Global**
402 Kishwaukee St.
Rockford IL 61104

Phone#: (___)___-____

**Notify:**
**EFCA Touch Global**
402 Kishwaukee St.
Rockford IL 61104

Phone#:

**Invoice Reference**
300100
**Order Date:**
03/24/2010
**Ship Date:**
03/24/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700458 | 6695 | Table, Exam, Manual | 1 | 1 | $599 73 |
| | | **Invoice Totals:** | | **1** | **$599.73** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200067

**Ship To:**
**Bayside Medical Missions**
c/o Meador Warehouse and Distributi
1750 N. Craft Highway
Mobile AL 36610

Phone#: (___)___-____

**Notify:**
**Bayside Medical Missions**
c/o Meador Warehouse and Distributi
1750 N. Craft Highway
Mobile AL 36610

Phone#:

**Invoice Reference**
300101
**Order Date:**
03/24/2010
**Ship Date:**
03/24/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700913 | 6746 | Scale, Adult Beam | 1 | 1 | $169.31 |
| 700913 | 6753 | Scale, Adult Beam | 1 | 1 | $169 31 |
| | | **Invoice Totals:** | | **2** | **$338.62** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200068

**Ship To:**
**Associated Churches-Haiti**
602 E Main St
Fort Wayne IN 46802

Janet Anderson
Phone#: (___)___-____

**Notify:**
**Associated Churches-Haiti**
602 E Main St.
Fort Wayne IN 46802

Phone#:

**Invoice Reference**
300102
**Order Date:**
03/25/2010
**Ship Date:**
03/25/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700049 | 7409 | Tape, Surgical | 12 | 1 | $20.88 |
| 700298 | 5636 | Container, Sharps | 1 | 1 | $1.51 |
| 700344 | 7405 | Scissors, Various Medical | 2 | 1 | $6.36 |
| 700353 | 7404 | Pad, Alcohol Prep | 600 | 1 | $12 00 |
| 700361 | 7408 | Dressing, Wound | 300 | 1 | $3,720 00 |
| 700368 | 7407 | Pad, Eye | 40 | 1 | $7.60 |
| 700404 | 7403 | Applicator, Cotton Tip | 500 | 1 | $10 00 |
| 700593 | 7406 | Bandaid | 500 | 1 | $30.00 |
| 700704 | 7410 | Alcohol, Rubbing | 1 | 1 | $1.60 |
| 700705 | 7411 | Hydrogen Peroxide | 1 | 1 | $0.80 |
| 700909 | 6659 | Bandage, Conforming | 96 | 1 | $23.04 |
| 700910 | 7254 | Dressing, Kerlix | 24 | 1 | $13.44 |
| | | **Invoice Totals:** | | **12** | **$3,847.23** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200061

**Ship To:**
**Operation Walk**
1199 Hadley Road
Mooresville IN 46158

Eric Norcross
Phone#: (___)___-____

**Notify:**
**Operation Walk**
1199 Hadley Road
Mooresville IN 46158

Phone#:

**Invoice Reference**
300103
**Order Date:**
03/29/2010
**Ship Date:**
03/30/2010
**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700573 | 7469 | Walker, Folding | 20 | 1 | $448.20 |
| | | **Invoice Totals:** | | **1** | **$448.20** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200006

**Ship To:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd. East
West Palm Beach 33417
Haiti

Phone#:

**Notify:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd. East
West Palm Beach 33417

Phone#:

**Invoice Reference**
300104
**Order Date:**
03/06/2010
**Ship Date:**
04/06/2010
**Ship Via:**
Delivery

**Special Instructions:** **FAME medical mission trip March 6-22, 2010**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100101 | | APAP 325 mg | | 3,200 | $64 00 |
| 0100102 | | APAP 500 mg | | 7,934 | $240.20 |
| 0100103 | | APAP 650 mg | | 500 | $0.00 |
| 0100104 | | APAP, Child, 80 mg | | 1,370 | $95 90 |
| 0100107 | | APAP, Infant, 0 5 oz , 80 mg/0.8 ml | 0 5 oz. | 72 | $281 52 |
| 0100108 | | APAP, Infant, 1 oz., 80 mg/0.8 ml | 1 oz. | 200 | $750.00 |
| 0100109 | | APAP, Child, 4 oz., 160 mg/5 ml | 4 oz | 51 | $114 75 |
| 0100110 | | APAP, Child, 160 mg | | 684 | $116.28 |
| 0100501 | | IBU 200 mg | | 30,204 | $302.04 |
| 0100502 | | IBU 400 mg | | 1,000 | $200 00 |
| 0100504 | | IBU 800 mg | | 90 | $19.80 |
| 0100506 | | IBU, Child, 100 mg | | 384 | $57 60 |
| 0100507 | | IBU, Infant, 0.5 oz , 50 mg/1.25 ml | 0.5 oz. | 74 | $355.20 |
| 0100508 | | IBU, Infant,1 oz., 50 mg/5ml | 1 oz. | 125 | $125 00 |
| 0100509 | | IBU, Child, 4 oz., 100 mg/5 ml | 4 oz. | 65 | $281.77 |
| 0100511 | | IBU, Child, 8 oz., 100 mg/5 ml | 8 oz. | 3 | $23.97 |
| 0100513 | | IBU, Child, 2 oz , 100 mg/5 ml | 2 oz | 1 | $3.68 |
| 0100601 | | Naproxen Sodium 220 mg | | 600 | $66.00 |
| 0100703 | | Lidocaine HCL, 50 ml, 20 mg/ml | 50 ml | 9 | $320.13 |
| 0200303 | | Amoxicillin 500 mg | | 2,500 | $275.00 |
| 0200304 | | Amoxicillin, 100 ml, 250 mg | 100 ml | 6 | $18.72 |
| 0200309 | | Amoxicillin, 400 mg/5 ml, 100 ml | 100 ml | 5 | $16.00 |
| 0200702 | | Ciprofloxacin (Cipro), 500 mg | | 200 | $1,076.00 |
| 0201002 | | Fluconazole, 150 mg | | 900 | $450 00 |
| 0201106 | | Terbinafine 1% | 0.5 Oz. | 125 | $717.50 |
| 0201301 | | Metronidazole 500 mg | | 2,000 | $120 00 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200006

**Ship To:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd. East
West Palm Beach 33417
Haiti

Phone#:

**Notify:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd. East
West Palm Beach 33417

Phone#:

**Invoice Reference**
300104
**Order Date:**
03/06/2010
**Ship Date:**
04/06/2010
**Ship Via:**
Delivery

**Special Instructions:** **FAME medical mission trip**
**March 6-22, 2010**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0202301 | | Chlorquine Phosphate, 500 mg | | 1,800 | $9,756.00 |
| 0202401 | | Omnicef, 250 mg/5 ml, 100 ml | 100 ml | 24 | $4,201.44 |
| 0202501 | | Azithromycin, 200 mg, 5 ml | 15 ml | 12 | $148.68 |
| 0202601 | | Mebendazole, 500 mg | | 1,200 | $3,852.00 |
| 0202701 | | Griseofulvin, 4 oz., 125 mg/5 ml | 4 oz. | 2 | $31.10 |
| 0300901 | | Hydrochlorothiazide 25 mg | | 8,000 | $80.00 |
| 0302202 | | Nebivolol, 5 mg | | 30 | $52.20 |
| 0400102 | | Glipizide, 10 mg | | 200 | $108.00 |
| 0500101 | | Antacid | | 4,164 | $41.64 |
| 0500301 | | Bismuth, 262 mg | | 970 | $65.40 |
| 0500802 | | Docusate Sodium 100 mg | | 240 | $2 40 |
| 0501201 | | Loperamide, 2 mg | | 570 | $112.02 |
| 0501401 | | Omeprazole, 20 mg | | 14 | $5.46 |
| 0501601 | | Ranitidine (Zantac), 75 mg | | 60 | $21 00 |
| 0501602 | | Ranitidine (Zantac), 150 mg | | 260 | $384.80 |
| 0501701 | | Simethicone, Infant, 1 oz., 20 mg/0.3 ml | 1 oz | 8 | $16.48 |
| 0502002 | | Famotidine, 20 mg | | 21,220 | $31,545 40 |
| 0504401 | | Anti-Nausea, Children's | | 1 | $2.75 |
| 0700204 | | Miconazole Nitrate 200 mg, 3-day | | 25 | $82.75 |
| 0700205 | | Miconazole, 1.59 oz.,100 mg, 7-day | 1.59 oz. | 5 | $6.00 |
| 0700301 | | Pregnancy Test | | 40 | $47.60 |
| 0700401 | | Tioconazole, 300 mg, 1-day | | 22 | $257.18 |
| 0700602 | | Clotrimazole, 7-day, 1.59 oz | 1.59 oz. | 10 | $209.30 |
| 0801301 | | Diphenhydramine, Child, 4 oz , 12.5 mg/5 ml | 4 oz. | 36 | $79.20 |
| 0801303 | | Diphenhydramine, 25 mg | | 1,100 | $22.00 |
| 0801306 | | Diphenhydramine, Child, 12.5 mg | | 36 | $7.20 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200006

**Ship To:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd. East
West Palm Beach 33417
Haiti

Phone#:

**Notify:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd. East
West Palm Beach 33417

Phone#:

**Invoice Reference**
300104
**Order Date:**
03/06/2010
**Ship Date:**
04/06/2010
**Ship Via:**
Delivery

**Special Instructions:** **FAME medical mission trip March 6-22, 2010**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0801307 | | Diphenhydramine, 50 mg | | 96 | $3.84 |
| 0801705 | | Guaifenesin, 400 mg | | 45 | $11 25 |
| 0802202 | | Loratadine, 10 mg | | 900 | $63.00 |
| 0802401 | | Cough Drop | | 1,269 | $126.90 |
| 0802501 | | Montelukast Sodium (Singulair) 4 mg | | 56 | $26 88 |
| 0802502 | | Montelukast Sodium (Singulair) 5 mg | | 378 | $1,228.50 |
| 0802601 | | Multi-Symptom Cold | | 1,294 | $439.96 |
| 0802605 | | Multi-Symptom Cold, Child, 4 oz. | 4 oz. | 30 | $185 10 |
| 0802619 | | Multi-Symptom Cold, PM | | 166 | $56.44 |
| 0802702 | | Phenylephrine HCL, 10 mg | | 216 | $10.80 |
| 0802703 | | Phenylephrine, 1 oz | 1 oz. | 8 | $28.48 |
| 0803202 | | Albuterol Sulfate, 3 ml, 0.083% | 3 ml | 200 | $100.00 |
| 0803204 | | Albuterol Sulfate, 8 5 G, 90 mcg | 8.5 G | 18 | $660.96 |
| 0803901 | | Oxymetazoline, 1 oz. | 1 oz. | 15 | $36 45 |
| 0804701 | | Cetirizine 10 mg | | 56 | $113.12 |
| 0804705 | | Cetirizine, Child, 10 mg | | 24 | $59.28 |
| 0900201 | | Prednisone, 5 mg | | 1,000 | $40.00 |
| 1000202 | | Calcium/Vitamin D | | 225 | $6.75 |
| 1000401 | | Multivitamin, Adult | | 20,419 | $1,225.14 |
| 1000402 | | Multivitamin, Child | | 2,890 | $173.40 |
| 1000403 | | Multivitamin, Infant, 2 oz. | 2 oz. | 1 | $6.39 |
| 1000404 | | Multivitamin, Infant, 1 2/3 oz | 50 ml | 270 | $928.80 |
| 1100201 | | Petrolatum, 1 5 oz. | 1 5 oz. | 7 | $17.43 |
| 1100202 | | Petrolatum, 2 oz. | 2 oz. | 4 | $6.16 |
| 1101101 | | Anti-Fungal Cream, 0.5 oz. | 0 5 oz. | 15 | $86.10 |
| 1101107 | | Anti-Fungal, 0.32 oz. | 0.32 oz. (9 G) | 25 | $0 00 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200006

**Ship To:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd East
West Palm Beach 33417
Haiti

Phone#:

**Notify:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd. East
West Palm Beach 33417

Phone#:

**Invoice Reference**
300104
**Order Date:**
03/06/2010
**Ship Date:**
04/06/2010
**Ship Via:**
Delivery

**Special Instructions:** **FAME medical mission trip**
**March 6-22, 2010**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 1101701 | | Eye Drops, 0.5 oz. | 0.5 oz | 58 | $69.60 |
| 1101702 | | Eye Drops, 1 oz. | 1 oz. | 3 | $15.12 |
| 1101802 | | Eye Drops, Antibiotic, 5 ml | 5 ml | 11 | $29.59 |
| 1102002 | | Hydrocortisone, 0.5 oz. | 0.5 oz | 9 | $34.11 |
| 1102003 | | Hydrocortisone, 1 oz. | 1 oz. | 28 | $83.72 |
| 1103201 | | Permethrin, 60 G, 50 mg/g | 60 g | 127 | $712.47 |
| 1103401 | | Silver Sulfadiazine, 85 G | 85 g | 2 | $16.36 |
| 1103405 | | Silver Sulfadiazine, 50 G | 50 G | 1 | $7.60 |
| 1104002 | | Antibiotic Ointment, 1 oz. | 1 oz. | 25 | $115.00 |
| 1104003 | | Antibiotic Ointment, 0.33 oz. | 0.33 oz. | 12 | $2.04 |
| 1104004 | | Antibiotic Ointment, 0.5 oz. | 0.5 oz. | 2 | $5.92 |
| 1104109 | | Zinc Oxide, 2 oz. | 2 oz. | 8 | $31.92 |
| 1104110 | | Zinc Oxide, 3 oz. | 3 oz. | 3 | $20 37 |
| 1104803 | | Hemorrhoidal Suppository | | 72 | $7.92 |
| 1104903 | | Diphenhydramine, 1 oz. | 1 oz | 15 | $59 85 |
| 1107002 | | Eye Ointment, Perscription, 3 5 G | 3 5 G | 8 | $13.92 |
| 1108401 | | Silver Nitrate, Applicator | Applicator | 100 | $19 00 |
| 1108501 | | Atopiclair, 5 G | 5 G Sample | 10 | $0 00 |
| 1108601 | | Anti-Itch, 1.75 G | 1.75 G, Sample | 15 | $0.00 |
| 1108701 | | Epifoam, 10 G | 10 G | 1 | $34.88 |
| 1108801 | | Eletone Cream, 2 G | 2 G, Sample | 18 | $0.00 |
| 1108901 | | Naftin Cream, 2 G | 2 G, Sample | 18 | $0.00 |
| 1108902 | | Naftin Gel, 2 G | 2 G, Sample | 18 | $0 00 |
| 1300301 | | Urinalysis Test Strip | Strip | 200 | $502.00 |
| 700291 | 7547 | Gauze, Rolled | 6 | 1 | $8.70 |
| 700344 | 7544 | Scissors, Various Medical | 1 | 1 | $3.18 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200006

**Ship To:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd. East
West Palm Beach 33417
Haiti

Phone#:

**Notify:**
**Haitian Christian Mission (HCM)**
3807 Beresford Rd. East
West Palm Beach 33417

Phone#:

**Invoice Reference**
300104
**Order Date:**
03/06/2010
**Ship Date:**
04/06/2010
**Ship Via:**
Delivery

**Special Instructions:** **FAME medical mission trip March 6-22, 2010**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700360 | 7546 | Gauze, 4x4 | 100 | 1 | $3.00 |
| 700448 | 7543 | Depressor, Tongue | 200 | 1 | $2 00 |
| 700567 | 6461 | Incubator, Infant (Isolettes) | 1 | 1 | $666 40 |
| 700650 | 7545 | Tape, Medical | 4 | 1 | $1.72 |
| 700757 | 7542 | Tweezers | 2 | 1 | $2.52 |
| | | **Invoice Totals:** | | **122749** | **$65,339.10** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200019

**Ship To:**
**Panama Christian Evangelism**
705 Pineview Dr.
Zionsville 46077
Panama

Dr. Alan and Debbie Handt
Phone#: 011-507-6618-3352

**Notify:**
**Panama Christian Evangelism**
705 Pineview Dr.
Zionsville 46077

Phone#:

**Invoice Reference**
300105
**Order Date:**
04/01/2010
**Ship Date:**
04/01/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100102 | | APAP 500 mg | | 1,450 | $56.00 |
| 0100104 | | APAP, Child, 80 mg | | 60 | $4.20 |
| 0100201 | | APAP, 500 mg, PM | | 292 | $14 60 |
| 0100401 | | APAP, Migraine | | 46 | $2.76 |
| 0100501 | | IBU 200 mg | | 1,646 | $60.62 |
| 0100508 | | IBU, Infant,1 oz., 50 mg/5ml | 1 oz. | 91 | $91.00 |
| 0100601 | | Naproxen Sodium 220 mg | | 938 | $9.68 |
| 0100901 | | IBU, PM, 200 mg | | 64 | $16.64 |
| 0500101 | | Antacid | | 2,553 | $27.15 |
| 0501201 | | Loperamide, 2 mg | | 78 | $49.14 |
| 0801302 | | Diphenhydramin, Child, 8 oz.,12 5mg/5 ml | 8 oz. | 9 | $27.45 |
| 0801303 | | Diphenhydramine, 25 mg | | 1,428 | $28.56 |
| 0801702 | | Guaifenesin, 100mg/5 ml, 4 oz. | 4 oz | 2 | $3 74 |
| 0802202 | | Loratadine, 10 mg | | 320 | $22 40 |
| 0802401 | | Cough Drop | | 1,381 | $138.10 |
| 0802601 | | Multi-Symptom Cold | | 120 | $40 80 |
| 0802602 | | Multi-Symptom Cold, 4 oz. | 4 oz. | 3 | $13 77 |
| 0802603 | | Multi-Symptom Cold, 8 oz. | 8 oz. | 1 | $5.96 |
| 0802605 | | Multi-Symptom Cold, Child, 4 oz | 4 oz | 11 | $67.87 |
| 0802615 | | Multi-Symptom Cold, PM, 8 oz. | 8 oz. | 1 | $7.99 |
| 0802703 | | Phenylephrine, 1 oz | 1 oz. | 5 | $17.80 |
| 0802704 | | Phenylephrine, 0 5 oz. | 0.5 oz. | 1 | $3.66 |
| 0803901 | | Oxymetazoline, 1 oz. | 1 oz. | 6 | $23.94 |
| 0806101 | | Oral Analgesic (Chloraseptic) | | 33 | $4.95 |
| 1000101 | | C Vitamin | | 650 | $19.50 |
| 1000202 | | Calcium/Vitamin D | | 60 | $1.80 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200019

**Ship To:**
**Panama Christian Evangelism**
705 Pineview Dr.
Zionsville 46077
Panama

Dr. Alan and Debbie Handt
Phone#: 011-507-6618-3352

**Notify:**
**Panama Christian Evangelism**
705 Pineview Dr
Zionsville 46077

Phone#:

**Invoice Reference**
300105
**Order Date:**
04/01/2010
**Ship Date:**
04/01/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 1000401 | | Multivitamin, Adult | | 6,020 | $361.20 |
| 1100802 | | Oral Analgesic, Infant, 0.18 oz | 0.18 oz. | 1 | $3.49 |
| 1100803 | | Oral Analgesic, 0 25 oz. | 0 25 oz. | 2 | $12.64 |
| 1101701 | | Eye Drops, 0 5 oz. | 0.5 oz. | 6 | $7.20 |
| 1101706 | | Eye Drops, 1/3 oz. | 1/3 oz. | 1 | $1.80 |
| 1101708 | | Eye Drops, 1.08 oz | 1.08 oz. | 2 | $13 66 |
| 1101709 | | Eye Drops, 3 ml | 3 ml | 2 | $1.98 |
| 1102003 | | Hydrocortisone, 1 oz. | 1 oz. | 6 | $17.94 |
| 1102004 | | Hydrocortisone, 2 oz. | 2 oz. | 1 | $2 59 |
| 1104101 | | Zinc Oxide, 0.24 oz. | 0.24 oz. | 100 | $44.00 |
| 1104402 | | Petrolatum, 15 oz. | 15 oz. | 1 | $2 50 |
| | | **Invoice Totals:** | | **17391** | **$1,229.08** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200027

**Ship To:**
**DISPOSAL**

**Notify:**
**DISPOSAL**

**Invoice Reference**
300106
**Order Date:**
04/08/2010
**Ship Date:**
04/08/2010
**Ship Via:**
Delivery

Phone#: (___)___-____

Phone#:

**Special Instructions: Expired meds to be destroyed**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100102 | | APAP 500 mg | | 24 | $0.48 |
| 0100501 | | IBU 200 mg | | 500 | $20.00 |
| 0501201 | | Loperamide, 2 mg | | 12 | $7.56 |
| 1000401 | | Multivitamin, Adult | | 160 | $9.60 |
| | | **Invoice Totals:** | | **696** | **$37.64** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200069

**Ship To:**
**Gleaning For the World**
7359 Stage Road
Concord VA 24538

Phone#: (___)___-____

**Notify:**
**Gleaning For the World**
7359 Stage Road
Concord VA 24538

Phone#:

**Invoice Reference**
300107
**Order Date:**
04/08/2010
**Ship Date:**
04/13/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700081 | 7665 | Bag, Urinary Drain | 14884 | 1 | $41,972 88 |
| 700096 | 7669 | Tube, Tracheotomy | 3251 | 1 | $131,828.05 |
| 700109 | 7667 | Tubing, Nebulizer | 6976 | 1 | $22,323.20 |
| 700275 | 7666 | Tubing, Medi-Vac/Oxygen | 11721 | 1 | $9,376.80 |
| 700285 | 7668 | Catheter, Foley | 18000 | 1 | $129,420.00 |
| 700675 | 7670 | Blades, Laryngoscope | 2620 | 1 | $27,405.20 |
| | | **Invoice Totals:** | | **6** | **$362,326.13** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200012

**Ship To:**
**Haitian Christian Outreach (HCO)**
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel
Haiti

Phone#: (___)___-____

**Notify:**
**Haitian Christian Outreach (HCO)**
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel

Phone#:

**Invoice Reference**
300108
**Order Date:**
04/13/2010
**Ship Date:**
04/13/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700927 | 7671 | Sterilizer | 1 | 1 | $675.00 |
| 700927 | 7672 | Sterilizer | 1 | 1 | $675.00 |
| | | **Invoice Totals:** | | **2** | **$1,350.00** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200071

**Ship To:**
**Christianville Foundation, Inc.**
P.O. Box 24598
Jackonsville FL 32241

Mike Hutton
Phone#: (___)___-____

**Notify:**
**Christianville Foundation, Inc.**
P.O Box 24598
Jackonsville FL 32241

Phone#:

**Invoice Reference**
300109
**Order Date:**
04/13/2010
**Ship Date:**
04/13/2010
**Ship Via:**
US Post Office

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700927 | 7673 | Sterilizer | 1 | 1 | $675.00 |
| | | **Invoice Totals:** | | **1** | **$675.00** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200070

**Ship To:**
**International Aid**
17011 W. Hickory St.
Sprink Lake MI 49456

Jim Loeffler
Phone#: (___)___-____

**Special Instructions:**

**Notify:**
**International Aid**
17011 W. Hickory St.
Sprink Lake MI 49456

Phone#:

**Invoice Reference**
300110
**Order Date:**
04/13/2010
**Ship Date:**
04/13/2010
**Ship Via:**
US Post Office

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700567 | 6456 | Incubator, Infant (Isolettes) | 1 | 1 | $666.40 |
| 700567 | 6457 | Incubator, Infant (Isolettes) | 1 | 1 | $666.40 |
| | | **Invoice Totals:** | | **2** | **$1,332.80** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200072

**Ship To:**
**Easter Seals of Barthalamew County**
309 Sunset Dr
Columbus IN 47201

Phone#: (812)314-2899

**Notify:**
**Easter Seals of Barthalamew County**
309 Sunset Dr
Columbus IN 47201

Phone#:

**Invoice Reference**
300111
**Order Date:**
04/22/2010
**Ship Date:**
04/29/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700200 | 7734 | Nebulizer | 1 | 1 | $36.00 |
| 700563 | 7731 | Wheelchair | 4 | 1 | $440.48 |
| 700573 | 7732 | Walker, Folding | 3 | 1 | $67.23 |
| 700577 | 7736 | Bench, Shower/Bath | 7 | 1 | $391.93 |
| 700578 | 7733 | Walker, Rolling | 4 | 1 | $252 80 |
| 700843 | 7735 | Commode, Bedside | 2 | 1 | $95.94 |
| 700928 | 7737 | Machine, CPAP | 1 | 1 | $200.52 |
| 700929 | 7728 | Scooter, Power | 3 | 1 | $1,510 38 |
| | | **Invoice Totals:** | | **8** | **$2,995.28** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200073

**Ship To:**
**Eastview Christian Church**
2745 Old Morgantown Rd.
Martinsville IN 46151

Rick Miller
Phone#: (___)___-____

**Notify:**
**Eastview Christian Church**
2745 Old Morgantown Rd.
Martinsville IN 46151

Phone#:

**Invoice Reference**
300112
**Order Date:**
04/26/2010
**Ship Date:**
04/29/2010
**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700930 | 7739 | Cuff, Digital Blood Pressure | 1 | 1 | $30 07 |
| | | **Invoice Totals:** | | **1** | **$30.07** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200004

**Ship To:**
**Central Brazil Mission**
Woody Wilson
109 Deerfield Ct.
Franklin TN 37069
Brazil

Phone#: (___)___-____

**Notify:**
**Central Brazil Mission**
Woody Wilson
109 Deerfield Ct
Franklin TN 37069

Phone#:

**Invoice Reference**
300114
**Order Date:**
04/09/2010
**Ship Date:**
04/23/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0201301 | | Metronidazole 500 mg | | 500 | $30.00 |
| | | **Invoice Totals:** | | **500** | **$30.00** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200074

**Ship To:**
**Dr. Dwain Illman**
4427 W. Tanglewood Rd.
Bloomington IN 47404

Phone#: (___)___-____

**Notify:**
**Dr. Dwain Illman**
4427 W. Tanglewood Rd
Bloomington IN 47404

Phone#:

**Invoice Reference**
300115
**Order Date:**
05/06/2010
**Ship Date:**
05/13/2010
**Ship Via:**
Pick-up

**Special Instructions: Trip to Niger**
**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100102 | | APAP 500 mg | | 5,340 | $106.80 |
| 0100104 | | APAP, Child, 80 mg | | 420 | $29.40 |
| 0100501 | | IBU 200 mg | | 12,125 | $121.25 |
| 0100502 | | IBU 400 mg | | 2,000 | $400.00 |
| 0100508 | | IBU, Infant,1 oz., 50 mg/5ml | 1 oz. | 9 | $9.00 |
| 0100509 | | IBU, Child, 4 oz., 100 mg/5 ml | 4 oz. | 8 | $35.92 |
| 0100601 | | Naproxen Sodium 220 mg | | 3,200 | $329.34 |
| 0102002 | | Zomig 2 5 mg | | 5 | $104.90 |
| 0200309 | | Amoxicillin, 400 mg/5 ml, 100 ml | 100 ml | 10 | $70.50 |
| 0200310 | | Amoxicillin, 80 ml, 250 mg/5 ml | 80 ml | 9 | $48.78 |
| 0200603 | | Cephalexin 500 mg | | 1,000 | $130.00 |
| 0201702 | | Sulfamethoxazole Trimethoprime, 800/160 mg | | 500 | $30 00 |
| 0202301 | | Chlorquine Phosphate, 500 mg | | 300 | $1,626 00 |
| 0501201 | | Loperamide, 2 mg | | 240 | $151.20 |
| 0700205 | | Miconazole, 1.59 oz.,100 mg, 7-day | 1 59 oz | 2 | $2.40 |
| 0802202 | | Loratadine, 10 mg | | 2,390 | $167.30 |
| 0803901 | | Oxymetazoline, 1 oz. | 1 oz. | 14 | $55.86 |
| 1000401 | | Multivitamin, Adult | | 4,650 | $279.00 |
| 1000402 | | Multivitamin, Child | | 1,830 | $109.80 |
| 1101101 | | Anti-Fungal Cream, 0.5 oz. | 0.5 oz. | 1 | $1.99 |
| 1101102 | | Anti-Fungal cream, 1 oz. | 1 oz. | 3 | $2.97 |
| 1101103 | | Anti-Fungal Cream, 2 oz. | 2 oz. | 5 | $26.20 |
| 1101701 | | Eye Drops, 0.5 oz. | 0.5 oz. | 31 | $37.20 |
| 1101702 | | Eye Drops, 1 oz. | 1 oz. | 4 | $20.16 |
| 1101705 | | Eye Drops, 1/16 oz. | 1/16 oz. | 12 | $9.00 |
| 1102001 | | Hydrocortisone, Sample | Sample | 18 | $0.00 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200074

**Ship To:**
**Dr. Dwain Illman**
4427 W. Tanglewood Rd.
Bloomington IN 47404

Phone#: (___)___-____

**Notify:**
**Dr. Dwain Illman**
4427 W. Tanglewood Rd.
Bloomington IN 47404

Phone#:

**Invoice Reference**
300115
**Order Date:**
05/06/2010
**Ship Date:**
05/13/2010
**Ship Via:**
Pick-up

**Special Instructions: Trip to Niger**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 1102003 | | Hydrocortisone, 1 oz. | 1 oz. | 10 | $29.90 |
| 1102004 | | Hydrocortisone, 2 oz. | 2 oz. | 4 | $10.36 |
| 1104002 | | Antibiotic Ointment, 1 oz. | 1 oz. | 19 | $87.40 |
| 1104003 | | Antibiotic Ointment, 0.33 oz | 0.33 oz. | 56 | $9.52 |
| 1104005 | | Antibiotic Ointment, 2 oz. | 2 oz. | 2 | $11.64 |
| 1107002 | | Eye Ointment, Perscription, 3.5 G | 3.5 G | 6 | $10.44 |
| 700042 | 7889 | Bandage, Cohesive (Coban) | 2 | 1 | $2.12 |
| 700129 | 7884 | Glove, Exam | 200 | 1 | $4.00 |
| 700216 | 7887 | Bandage, Ace | 10 | 1 | $12.00 |
| 700291 | 7890 | Gauze, Rolled | 6 | 1 | $8.70 |
| 700344 | 7886 | Scissors, Various Medical | 2 | 1 | $6 36 |
| 700353 | 7880 | Pad, Alcohol Prep | 100 | 1 | $2.00 |
| 700431 | 7883 | Suture | 6 | 1 | $1 50 |
| 700448 | 7885 | Depressor, Tongue | 100 | 1 | $1.00 |
| 700593 | 7881 | Bandaid | 124 | 1 | $7 44 |
| 700596 | 7882 | Kit, Suture Removal | 2 | 1 | $2.48 |
| | | **Invoice Totals:** | | **34233** | **$4,111.83** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200074

**Ship To:**
**Dr. Dwain Illman**
4427 W. Tanglewood Rd.
Bloomington IN 47404

Phone#: (___)___-____

**Notify:**
**Dr. Dwain Illman**
4427 W Tanglewood Rd.
Bloomington IN 47404

Phone#:

**Invoice Reference**
300115
**Order Date:**
05/06/2010
**Ship Date:**
05/13/2010
**Ship Via:**
Pick-up

**Special Instructions: Trip to Niger**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200025

**Ship To:**
**ABC Children's Aid**
P.O. Box 715
Anderson IN 46013
United States

Phone#: (___)___-____

**Notify:**
**ABC Children's Aid**
P.O. Box 715
Anderson IN 46013

Phone#:

**Invoice Reference**
300116
**Order Date:**
05/10/2010
**Ship Date:**
05/13/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100102 | | APAP 500 mg | | 150 | $6.00 |
| 0100501 | | IBU 200 mg | | 9,000 | $360.00 |
| 0100502 | | IBU 400 mg | | 1,000 | $200.00 |
| 0501201 | | Loperamide, 2 mg | | 420 | $264.60 |
| 1104002 | | Antibiotic Ointment, 1 oz. | 1 oz. | 14 | $64.40 |
| | | **Invoice Totals:** | | **10584** | **$895.00** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200045

**Ship To:**
**CMF International**
5525 E. 82nd Street
Indianapolis IN 46250

**Notify:**
**CMF International**
5525 E. 82nd Street
Indianapolis IN 46250

**Invoice Reference**
300120
**Order Date:**
06/10/2010
**Ship Date:**
06/10/2010
**Ship Via:**
Delivery

Keith Ham and Wallace Kamau
Phone#: 317-578-2700

Phone#:

**Special Instructions: FAME Medical Mission Trip to Nairobi, Kenya.**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100102 | | APAP 500 mg | | 2,000 | $40 00 |
| 0100109 | | APAP, Child, 4 oz., 160 mg/5 ml | 4 oz | 11 | $24 75 |
| 0100110 | | APAP, Child, 160 mg | | 24 | $4 08 |
| 0100201 | | APAP, 500 mg, PM | | 48 | $2 40 |
| 0100401 | | APAP, Migraine | | 40 | $2.40 |
| 0100501 | | IBU 200 mg | | 3,662 | $146.48 |
| 0100509 | | IBU, Child, 4 oz., 100 mg/5 ml | 4 oz. | 2 | $8.98 |
| 0100511 | | IBU, Child, 8 oz., 100 mg/5 ml | 8 oz. | 1 | $7.99 |
| 1000401 | | Multivitamin, Adult | | 14,729 | $883.74 |
| 1000402 | | Multivitamin, Child | | 12,450 | $747.00 |
| 1102001 | | Hydrocortisone, Sample | Sample | 7 | $0 00 |
| 1102004 | | Hydrocortisone, 2 oz | 2 oz. | 3 | $7 77 |
| 1104002 | | Antibiotic Ointment, 1 oz. | 1 oz. | 8 | $36 80 |
| 1104003 | | Antibiotic Ointment, 0.33 oz. | 0.33 oz. | 1 | $0.17 |
| 1104007 | | Antibiotic Ointment (Neo to go), Spray, 0.9 G, | 0.9 G | 1 | $3.98 |
| 700119 | 8023 | Ball, Cotton | 600 | 1 | $6.00 |
| 700353 | 8027 | Pad, Alcohol Prep | 1000 | 1 | $10.00 |
| 700360 | 8025 | Gauze, 4x4 | 150 | 1 | $13.50 |
| 700400 | 8026 | Sanitizer, Hand | 4 | 1 | $5.88 |
| 700593 | 8024 | Bandaid | 1000 | 1 | $30 00 |
| | | **Invoice Totals:** | | **32992** | **$1,981.92** |

**Weight Total:** _____ **Piece Count:** _____

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200027

**Ship To:**
**DISPOSAL**

**Notify:**
**DISPOSAL**

**Invoice Reference**
300119
**Order Date:**
05/12/2010

**Ship Date:**
05/12/2010

**Ship Via:**
Pick-up

Amy Thomas
Phone#: (___)___-____

Phone#:

**Special Instructions: EXPIRED**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0802605 | | Multi-Symptom Cold, Child, 4 oz | 4 oz | 1 | $6.17 |
| 1000402 | | Multivitamin, Child | | 600 | $36.00 |
| | | **Invoice Totals:** | | **601** | **$42.17** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200045

**Ship To:**
**CMF International**
5525 E. 82nd Street
Indianapolis IN 46250

**Notify:**
**CMF International**
5525 E. 82nd Street
Indianapolis IN 46250

**Invoice Reference**
300120
**Order Date:**
06/10/2010
**Ship Date:**
06/10/2010
**Ship Via:**
Delivery

Keith Ham and Wallace Kamau
Phone#: 317-578-2700

Phone#:

**Special Instructions: FAME Medical Mission Trip to Nairobi, Kenya.**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200015

**Ship To:**
**Wordlwide Hispanic Outreach**

**Notify:**
**Wordlwide Hispanic Outreach**

**Invoice Reference**
300121
**Order Date:**
06/10/2010
**Ship Date:**
06/10/2010
**Ship Via:**
Delivery

Phone#: (___)___-____

Phone#:

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100101 | | APAP 325 mg | | 1,000 | $32 00 |
| 0100102 | | APAP 500 mg | | 3,998 | $79.96 |
| 0100104 | | APAP, Child, 80 mg | | 180 | $12.60 |
| 0100105 | | APAP, Child, 81 mg | | 814 | $48 84 |
| 0100108 | | APAP, Infant, 1 oz., 80 mg/0.8 ml | 1 oz | 52 | $195.00 |
| 0100109 | | APAP, Child, 4 oz., 160 mg/5 ml | 4 oz | 37 | $85.59 |
| 0100110 | | APAP, Child, 160 mg | | 24 | $4 08 |
| 0100201 | | APAP, 500 mg, PM | | 10 | $0.50 |
| 0100401 | | APAP, Migraine | | 172 | $10.32 |
| 0100501 | | IBU 200 mg | | 260 | $2 60 |
| 0100508 | | IBU, Infant,1 oz., 50 mg/5ml | 1 oz | 303 | $303.00 |
| 0100509 | | IBU, Child, 4 oz , 100 mg/5 ml | 4 oz. | 1 | $4 49 |
| 0100513 | | IBU, Child, 2 oz., 100 mg/5 ml | 2 oz. | 1 | $3.68 |
| 0100601 | | Naproxen Sodium 220 mg | | 6,730 | $660.66 |
| 0100708 | | Lidocaine, 1 oz | 1 oz. | 4 | $66.68 |
| 0100901 | | IBU, PM, 200 mg | | 176 | $45.76 |
| 0101401 | | Rizatriptan ( Maxalt) 10 mg | | 36 | $741.96 |
| 0102003 | | Zomig, 5 mg, Single Use | Single Use | 1 | $30.22 |
| 0200303 | | Amoxicillin 500 mg | | 500 | $55.00 |
| 0200305 | | Amoxicillin, 150 ml, 250 mg/5 ml | 150 ml | 10 | $31.20 |
| 0200602 | | Cephalexin 250 mg | | 2,500 | $875.00 |
| 0201901 | | Cefuroxime (IV), 1 5 g | 1 5 G | 23 | $301.99 |
| 0300101 | | Aspirin 81 mg | | 72 | $0 72 |
| 0300102 | | Aspirin 325 mg | | 1,500 | $15.00 |
| 0400302 | | Metformin, 1000 mg | | 14 | $3 50 |
| 0500101 | | Antacid | | 4,356 | $43.56 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200015

**Ship To:**
**Wordlwide Hispanic Outreach**

**Notify:**
**Wordlwide Hispanic Outreach**

**Invoice Reference**
300121
**Order Date:**
06/10/2010

**Ship Date:**
06/10/2010

**Ship Via:**
Delivery

Phone#: (___)___-____

Phone#:

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0500201 | | Bisacodyl, 5 mg | | 2,000 | $236.70 |
| 0500301 | | Bismuth, 262 mg | | 128 | $7.68 |
| 0500302 | | Bismuth, 16 oz., 262 mg | 16 oz. | 1 | $4 49 |
| 0500304 | | Bismuth, 12 oz., 525 mg/15 ml | 12 oz. | 2 | $11.78 |
| 0500307 | | Bismuth, 400 mg | | 24 | $4.56 |
| 0500802 | | Docusate Sodium 100 mg | | 30 | $0.30 |
| 0801104 | | Dextromethorphan, Child | Strip | 42 | $14 70 |
| 0801302 | | Diphenhydramin, Child, 8 oz.,12.5mg/5 ml | 8 oz. | 6 | $18 30 |
| 0801303 | | Diphenhydramine, 25 mg | | 492 | $9 84 |
| 0802101 | | Xyzal, 5 mg | | 60 | $3.60 |
| 0802401 | | Cough Drop | | 1,530 | $153.00 |
| 0802504 | | Montelukast Sodium, 4 mg, Granules | Granules | 12 | $48 60 |
| 0802601 | | Multi-Symptom Cold | | 296 | $100 64 |
| 0802602 | | Multi-Symptom Cold, 4 oz. | 4 oz. | 2 | $9.18 |
| 0802603 | | Multi-Symptom Cold, 8 oz | 8 oz | 4 | $23.84 |
| 0802604 | | Multi-Symptom Cold, 10 oz. | 10 oz. | 23 | $126 27 |
| 0802605 | | Multi-Symptom Cold, Child, 4 oz. | 4 oz. | 2 | $12.34 |
| 0802608 | | Multi-Symptom Cold, 16 oz. | 16 oz. | 6 | $67.20 |
| 0802613 | | Multi-Symptom Cold, Strip | Strip | 138 | $52.44 |
| 0802617 | | Multi-Symptom Cold, Child, Srip | Strip | 10 | $4.70 |
| 0802618 | | Multi-Symptom Cold, Child, PM, Strip | Strip | 26 | $12.22 |
| 0802701 | | Phenylephrine HCL, Child, 4 oz., 2.5 mg/5 ml | 4 oz. | 1 | $5 65 |
| 0802703 | | Phenylephrine, 1 oz. | 1 oz. | 8 | $28.48 |
| 0803402 | | Saline, 0.5 oz. | 0.5 oz. | 1 | $3.20 |
| 0803903 | | Oxymetazoline (Nasal Decongestant) | 1.25 oz. | 2 | $5.26 |
| 0805201 | | Cromolyn Sodium, 26 ml, 5.2 mg | 26 ml | 1 | $11.69 |
| 0805301 | | Xylometazoline HCL | | 1 | $2.80 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200015

**Ship To:**
**Wordlwide Hispanic Outreach**

Phone#: (___)___-____

**Notify:**
**Wordlwide Hispanic Outreach**

Phone#:

**Invoice Reference**
300121
**Order Date:**
06/10/2010

**Ship Date:**
06/10/2010

**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0806101 | | Oral Analgesic (Chloraseptic) | | 15 | $2.25 |
| 1000201 | | Calcium | | 256 | $5.12 |
| 1000202 | | Calcium/Vitamin D | | 452 | $13 56 |
| 1000304 | | Iron, 325 mg | | 100 | $2.00 |
| 1000401 | | Multivitamin, Adult | | 42,813 | $2,568.78 |
| 1000402 | | Multivitamin, Child | | 9,932 | $595 92 |
| 1000403 | | Multivitamin, Infant, 2 oz. | 2 oz. | 2 | $12.78 |
| 1000404 | | Multivitamin, Infant, 1 2/3 oz. | 50 ml | 1 | $6.67 |
| 1000501 | | Prenatal Vitamin | | 2,150 | $64 50 |
| 1004402 | | Solution, Oral Electrolyte, 1 Liter | 1 Liter | 8 | $76.96 |
| 1101101 | | Anti-Fungal Cream, 0.5 oz. | 0.5 oz | 125 | $717.50 |
| 1101701 | | Eye Drops, 0.5 oz. | 0.5 oz. | 2 | $2.40 |
| 1102001 | | Hydrocortisone, Sample | Sample | 21 | $0.00 |
| 1102002 | | Hydrocortisone, 0.5 oz. | 0.5 oz. | 6 | $22.74 |
| 1102004 | | Hydrocortisone, 2 oz. | 2 oz. | 8 | $20.72 |
| 1102008 | | Hydrocortisone, 0 9 G | 0.9 g | 6 | $0.42 |
| 1103201 | | Permethrin, 60 G, 50 mg/g | 60 g | 24 | $134.64 |
| 1104002 | | Antibiotic Ointment, 1 oz. | 1 oz. | 13 | $59.80 |
| 1104004 | | Antibiotic Ointment, 0.5 oz. | 0 5 oz | 12 | $35.52 |
| 1104005 | | Antibiotic Ointment, 2 oz. | 2 oz. | 1 | $5.82 |
| 1104007 | | Antibiotic Ointment (Neo to go), Spray, 0.9 G, | 0 9 G | 1 | $3.98 |
| 1104101 | | Zinc Oxide, 0.24 oz. | 0.24 oz. | 100 | $44.00 |
| 1104104 | | Zinc Oxide, 4 oz | 4 oz | 1 | $4.09 |
| 1104108 | | Zinc Oxide, 1.8 oz. | 1 8 oz. | 1 | $3.99 |
| 1104801 | | Hemorrhoidal Ointment, 2 oz | 2 oz. | 2 | $7.98 |
| 1104803 | | Hemorrhoidal Suppository | | 24 | $3.36 |

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200015

**Ship To:**
**Wordlwide Hispanic Outreach**

Phone#: (___)___-____

**Notify:**
**Wordlwide Hispanic Outreach**

Phone#:

**Invoice Reference**
300121
**Order Date:**
06/10/2010

**Ship Date:**
06/10/2010

**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 1104804 | | Hemorrhoidal Ointment, 1.8 oz. | 51 g | 1 | $3 20 |
| 1104806 | | Hemorrhoidal Ointment, 1 oz | 28 g | 1 | $4 11 |
| 1104903 | | Diphenhydramine, 1 oz. | 1 oz. | 25 | $99.75 |
| 1105105 | | Menthol, 8 oz. | 8 oz | 1 | $2.99 |
| 1107101 | | Camphor, 0.75 oz. | 0.75 oz. | 1 | $2.53 |
| 1107401 | | Carboxymethy cellouse, 15 ml | 15 ml | 1 | $5.95 |
| 700755 | | Solution, Irrigating, Sodium Chloride 0.9%, 500 ml | 500 ml | 2 | $23.90 |
| | | **Invoice Totals:** | | **83730** | **$9,191.30** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200027

**Ship To:**
**DISPOSAL**

**Notify:**
**DISPOSAL**

**Invoice Reference**
300122
**Order Date:**
06/10/2010

**Ship Date:**
06/10/2010

Amy Thomas
Phone#: (___)___-____

Phone#:

**Ship Via:**
Delivery

**Special Instructions: Expired**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0502002 | | Famotidine, 20 mg | | 219,500 | $381,930.00 |
| | | **Invoice Totals:** | | **219500** | **$381,930.00** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200004

**Ship To:**
**Central Brazil Mission**
Woody Wilson
109 Deerfield Ct.
Franklin TN 37069
Brazil

Phone#: (___)___-____

**Notify:**
**Central Brazil Mission**
Woody Wilson
109 Deerfield Ct.
Franklin TN 37069

Phone#:

**Invoice Reference**
300123
**Order Date:**
05/27/2010
**Ship Date:**
06/10/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0100501 | | IBU 200 mg | | 4,104 | $134.16 |
| 0100601 | | Naproxen Sodium 220 mg | | 2,000 | $220.00 |
| 0500106 | | Antacid, Child | | 48 | $9.60 |
| 0500303 | | Bismuth, 8 oz, 262 mg/15 ml | 8 oz. | 1 | $1.69 |
| 0500304 | | Bismuth, 12 oz., 525 mg/15 ml | 12 oz | 3 | $17.67 |
| 0802605 | | Multi-Symptom Cold, Child, 4 oz. | 4 oz. | 13 | $80.21 |
| 1000402 | | Multivitamin, Child | | 14,500 | $870.00 |
| 1105104 | | Menthol, 1 5 oz. | 1.5 oz. | 1 | $2.57 |
| | | **Invoice Totals:** | | **20670** | **$1,335.90** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200077

**Ship To:**
**Global Health Ministries**
7831 Hickory Street NE
Minneapolis MN 55432

Phone#: (763)586-9590

**Notify:**
**Global Health Ministries**
7831 Hickory Street NE
Minneapolis MN 55432

Phone#:

**Invoice Reference**
300124
**Order Date:**
06/09/2010
**Ship Date:**
06/09/2010
**Ship Via:**
Fed Ex

**Special Instructions: Tracking ID: 2150514 00013350**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 1000402 | | Multivitamin, Child | | 2,410 | $144 60 |
| | | **Invoice Totals:** | | **2410** | **$144.60** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200045

**Ship To:**
**CMF International**
5525 E. 82nd Street
Indianapolis IN 46250

Phone#: 317-578-2700

**Notify:**
**CMF International**
5525 E. 82nd Street
Indianapolis IN 46250

Phone#:

**Invoice Reference**
300125
**Order Date:**
06/14/2010
**Ship Date:**
06/16/2010
**Ship Via:**
Delivery

**Special Instructions: FAME Medical Mission trip to Nairobi, Kenya. June 14-25, 2010.**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 0700301 | | Pregnancy Test | | 22 | $26.18 |
| 1300301 | | Urinalysis Test Strip | Strip | 100 | $251.00 |
| 700091 | 8111 | Cuff, Blood Pressure | 1 | 1 | $7.20 |
| 700129 | 8105 | Glove, Exam | 300 | 1 | $6.00 |
| 700182 | 8113 | Thermometer, Digital | 1 | 1 | $4.70 |
| 700214 | 8106 | Glucometer | 2 | 1 | $19.18 |
| 700277 | 8112 | Stethoscope | 1 | 1 | $13 58 |
| 700354 | 8108 | Cup, Urine Specimen | 100 | 1 | $23 00 |
| 700448 | 8110 | Depressor, Tongue | 100 | 1 | $2.00 |
| 700700 | 8109 | Cup, Medicine | 60 | 1 | $2.40 |
| | | **Invoice Totals:** | | **130** | **$355.24** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200016

**Ship To:**
**St. Francis NHC**
234 E. Southern Ave.
Indianapolis IN 46225
United States

Brooke Carter
Phone#: (___)___-____

**Notify:**
**St. Francis NHC**
234 E. Southern Ave
Indianapolis IN 46225

Phone#:

**Invoice Reference**
300127
**Order Date:**
06/09/2010
**Ship Date:**
06/16/2010
**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700201 | 8139 | Bar, Grab | 1 | 1 | $9.70 |
| 700577 | 8138 | Bench, Shower/Bath | 1 | 1 | $15.91 |
| | | **Invoice Totals:** | | **2** | **$25.61** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200061

**Ship To:**
**Operation Walk**
1199 Hadley Road
Mooresville IN 46158

Eric Norcross
Phone#: (___)___-____

**Notify:**
**Operation Walk**
1199 Hadley Road
Mooresville IN 46158

Phone#:

**Invoice Reference**
300128
**Order Date:**
06/14/2010
**Ship Date:**
06/16/2010
**Ship Via:**
Pick-up

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700573 | 8140 | Walker, Folding | 47 | 1 | $1,053.27 |
| 700578 | 5229 | Walker, Rolling | 10 | 1 | $632.00 |
| 700617 | 5227 | Walker, Standard | 3 | 1 | $63.99 |
| | | **Invoice Totals:** | | **3** | **$1,749.26** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200027

**Ship To:**
**DISPOSAL**

**Notify:**
**DISPOSAL**

**Invoice Reference**
300129
**Order Date:**
06/14/2010
**Ship Date:**
06/16/2010
**Ship Via:**
Delivery

Amy Thomas
Phone#: (___)___-____

Phone#:

**Special Instructions:**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700218 | | Mattress, Hospital | | 1 | $50.99 |
| 700622 | 6732 | Table, Exam Power | 1 | 1 | $2,078.67 |
| | | **Invoice Totals:** | | **2** | **$2,129.66** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200070

**Ship To:**
**International Aid**
17011 W. Hickory St.
Sprink Lake MI 49456

Phone#: (___)___-____

**Notify:**
**International Aid**
17011 W Hickory St.
Sprink Lake MI 49456

Phone#:

**Invoice Reference**
300141
**Order Date:**
06/30/2010
**Ship Date:**
06/30/2010
**Ship Via:**
Delivery

**Special Instructions: This was meant to be on order # 300110 on April 13, 2010.**

**Container #:** N/A **Seal #:** N/A

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 700622 | 6709 | Table, Exam Power | 1 | 1 | $2,078.67 |
| 700622 | 6710 | Table, Exam Power | 1 | 1 | $2,078.67 |
| 700622 | 6711 | Table, Exam Power | 1 | 1 | $2,078.67 |
| 700622 | 6712 | Table, Exam Power | 1 | 1 | $2,078 67 |
| 700622 | 6728 | Table, Exam Power | 1 | 1 | $2,078.67 |
| 700622 | 6729 | Table, Exam Power | 1 | 1 | $2,078.67 |
| | | **Invoice Totals:** | | **6** | **$12,472.02** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

**FAME**
**4545 Southeastern Avenue**
**Indianapolis, IN 46203**
**Tel: (317)-358-2480** **Fax: 3173582483**
**Email:**

# Invoice

**Consignee#:** 200078

**Ship To:**
**INVENTORY ADJUSTMENT**

Phone#: (___)___-____

**Notify:**
**INVENTORY ADJUSTMENT**

Phone#:

**Invoice Reference**
300131
**Order Date:**
06/30/2010

**Ship Date:**
06/30/2010

**Ship Via:**
Delivery

**Special Instructions:**

**Container #:** **Seal #:**

| Ref # | Box# | Description | Packing | Quantity | Box Value |
|---|---|---|---|---|---|
| 1000402 | | Multivitamin, Child | | 770 | $46.20 |
| | | **Invoice Totals:** | | **770** | **$46.20** |

**Weight Total:** _____ **Piece Count:** _____

**Agency Representative:** _____ **Date:** _____

**Co-Signature:** _____

Invoice Message:

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM INC

Employer identification number
23 : 7124787

**Part I** **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II** **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | | Held at the End of the Tax Year |
|---|---|---|
| a Total number of conservation easements | 2a | |
| b Total acreage restricted by conservation easements | 2b | |
| c Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III** **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ .....
(ii) Assets included in Form 990, Part X ▶ $ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ .....
b Assets included in Form 990, Part X ▶ $ .....

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ Yes ☐ No

## Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

## Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ ..... %
b Permanent endowment ▶ ..... %
c Term endowment ▶ ..... %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | |
| (ii) related organizations | 3a(ii) | | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

## Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | 23,000 | 0 | | 23,000 |
| b Buildings | 846,398 | 0 | 88,588 | 757,810 |
| c Leasehold improvements | 0 | 0 | 0 | 0 |
| d Equipment | 49,269 | 0 | 44,530 | 4,739 |
| e Other | 13,750 | 0 | 1,376 | 12,374 |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 797,923 |

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶ | | |

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶ | | |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| **Medical Supplies Inventory** | **561,465** |
| **Other** | **29,992** |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶ | **591,457** |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Amount |
|---|---|
| Federal income taxes | **0** |
| **Accrued salaries and payroll tax liabilities** | **9,633** |
| **Annuities payable** | **1,794** |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶ | **11,427** |

**2.** FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

## Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 3,443,836 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 2,803,857 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 639,979 |
| 4 | Net unrealized gains (losses) on investments | 4 | 0 |
| 5 | Donated services and use of facilities | 5 | 0 |
| 6 | Investment expenses | 6 | 0 |
| 7 | Prior period adjustments | 7 | 0 |
| 8 | Other (Describe in Part XIV.) | 8 | 0 |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | 0 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 639,979 |

## Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 3,462,607 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains on investments | 2a | 0 | | |
| b | Donated services and use of facilities | 2b | 0 | | |
| c | Recoveries of prior year grants | 2c | 0 | | |
| d | Other (Describe in Part XIV.) | 2d | 18,771 | | |
| e | Add lines **2a** through **2d** | | | 2e | 18,771 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 3,443,836 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1**: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 0 | | |
| b | Other (Describe in Part XIV.) | 4b | 0 | | |
| c | Add lines **4a** and **4b** | | | 4c | 0 |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | 3,443,836 |

## Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 2,822,628 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | 0 | | |
| b | Prior year adjustments | 2b | 0 | | |
| c | Other losses | 2c | 0 | | |
| d | Other (Describe in Part XIV.) | 2d | 18,771 | | |
| e | Add lines **2a** through **2d** | | | 2e | 18,771 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 2,803,857 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 0 | | |
| b | Other (Describe in Part XIV.) | 4b | 0 | | |
| c | Add lines **4a** and **4b** | | | 4c | 0 |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | 2,803,857 |

## Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Schedule D, Part X - INCOME TAX POSITIONS On July 1, 2009, FAME adopted the new provisions of the Income Tax Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC). These provisions clarify the accounting for uncertainty in tax positions taken or expected to be taken in a tax return. The tax benefit from an uncertain tax position is only recognized in the statement of financial position if the tax position is more likely than not to be sustained upon an examination, based on the technical merits of the position. Interest and penalties, if any, are included in expenses in the statement of activities. As of June 30, 2010, FAME had no uncertain tax positions that qualify for recognition or disclosure in the financial statements.**

**Schedule D, Part XII, Line 2d - Event expenses**

## Part XIV - Supplemental Information (Continued)

**Schedule D, Part XIII, Line 2d - Event(s)**

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.**
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

**2009**

**Open To Public Inspection**

Name of the organization
**FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM INC**

**Employer identification number**
**23 ¦ 7124787**

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| | | Yes | No | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| **Total** . . . . . ▶ | | | | | | |

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

| | | (a) Event #1 Banquet (event type) | (b) Event #2 (event type) | (c) Other events (total number) | (d) Total events (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 19,885 | | | 19,885 |
| | 2 Less: Charitable contributions | 19,885 | | | 19,885 |
| | 3 Gross income (line 1 minus line 2) | 0 | | | 0 |
| Direct Expenses | 4 Cash prizes | 0 | | | 0 |
| | 5 Noncash prizes | 0 | | | 0 |
| | 6 Rent/facility costs | 0 | | | 0 |
| | 7 Food and beverages | 14,616 | | 0 | 14,616 |
| | 8 Entertainment | 0 | | 0 | 0 |
| | 9 Other direct expenses | 1,125 | | | 1,125 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | ( 15,741) |
| | 11 Net income summary. Combine line 3, column (d), and line 10 ▶ | | | | -15,741 |

**Part III** **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes ____% ☐ No | ☐ Yes ____% ☐ No | ☐ Yes ____% ☐ No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | ( ) |
| | 8 Net gaming income summary. Combine line 1, column d, and line 7 ▶ | | | | |

| | | Yes | No |
|---|---|---|---|
| 9 | Enter the state(s) in which the organization operates gaming activities: | | |
| a | Is the organization licensed to operate gaming activities in each of these states? 9a | | |
| b | If "No," explain: | | |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a | | |
| b | If "Yes," explain: | | |
| 11 | Does the organization operate gaming activities with nonmembers? 11 | | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12 | | |

| | | | Yes | No |
|---|---|---|---|---|
| **13** | Indicate the percentage of gaming activity operated in: | | | |
| **a** | The organization's facility | 13a % | | |
| **b** | An outside facility | 13b % | | |
| **14** | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name ▶ | | | |
| | Address ▶ | | | |
| **15a** | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 15a | | |
| **b** | If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ . | | | |
| **c** | If "Yes," enter name and address of the third party: | | | |
| | Name ▶ | | | |
| | Address ▶ | | | |
| **16** | Gaming manager information: | | | |
| | Name ▶ | | | |
| | Gaming manager compensation ▶ $ _____ | | | |
| | Description of services provided ▶ | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | | |
| **17** | Mandatory distributions: | | | |
| **a** | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | 17a | | |
| **b** | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ | | | |

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM INC

Employer identification number

23 7124787

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| Sch I, Stmt 1 | | | | | | | |
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| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 23

3 Enter total number of other organizations . . . . . ▶ 0

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
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**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**Schedule I, Part I, Line 2 - 1.) Prior to approval of a project request, the following are obtained or done: a.) A very comprehensive application form which is notarized. b.) A copy of a resolution from the applicant's Board of Directors stating that the project has Board approval. c.) Application includes a statement that neither the organization requesting funds, nor any individual involved with the organization, has ever in the past or at the present time had any involvement with a terrorist organization. d.) Site visit by a member of the FAME staff or Board. 2.) Once approval is granted and funds are being disbursed for the project, the recipient of funds has agreed to the following: a.) Provide FAME with a brief monthly progress report, including pictures, while funds are being received. b.) Provide FAME with a quarterly report of project progress, financial summary and ministry summary while funds are being received. c.) Provide FAME with a final comprehensive report, including pictures of the project, of the final project budget and of the anticipated time to become operational once the project is completed. d.) Appropriate staff person at FAME monitors timely receipt of these reports and maintains e-mail contact as necessary to assure clarity of progress and offer assistance if hindrances to progress occur. 3.) Long-term follow-up: A site visit may be made one to three years after completion of the project, as deemed necessary, to assure that the project is fully operational and being used for the stated purpose.**

FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM INC
23-7124787

**Description of Grants and Other Assistance to Governments and Organizations in the United States**

| | | Amount of cash grant | Amount of non-cash assistance |
|---|---|---|---|
| **Name and address** | See Attached List<br>See Attached List<br>See Attached List, IN 46203 | | 1,179,685 |
| **EIN** | 23-7124787 | | |
| **IRC code section** | | | |
| **Method of valuation** | FMV | | |
| **Description of non-cash assistance** | Medicine and Medical Supplies | | |
| **Purpose of grant** | Mission support - clinic operations | | |
| **Name and address** | See Attached List<br>See Attached List<br>See Attached List, IN 46203 | 24,842 | |
| **EIN** | 23-7124787 | | |
| **IRC code section** | | | |
| **Method of valuation** | | | |
| **Description of non-cash assistance** | | | |
| **Purpose of grant** | Mission support - scholarships | | |
| **Name and address** | See Attached List<br>See Attached List<br>See Attached List, IN 46203 | 260,983 | |
| **EIN** | 23-7124787 | | |
| **IRC code section** | | | |
| **Method of valuation** | | | |
| **Description of non-cash assistance** | | | |
| **Purpose of grant** | Mission support - capital projects | | |
| **Name and address** | See Attached List<br>See Attached List<br>See Attached List, IN 46203 | 42,315 | |
| **EIN** | 23-7124787 | | |
| **IRC code section** | | | |
| **Method of valuation** | | | |
| **Description of non-cash assistance** | | | |
| **Purpose of grant** | Mission support - clinic operation | | |

**SCHEDULE M (Form 990)**

Department of the Treasury
Internal Revenue Service

# Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

**2009**

**Open To Public Inspection**

Name of the organization
FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM INC

Employer identification number
23 : 7124787

## Part I Types of Property

| | | (a) Check if applicable | (b) Number of contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|---|---|---|---|---|---|
| 1 | Art—Works of art | | | | |
| 2 | Art—Historical treasures | | | | |
| 3 | Art—Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities—Publicly traded | | | | |
| 10 | Securities—Closely held stock | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | |
| 12 | Securities—Miscellaneous | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | |
| 14 | Qualified conservation contribution—Other | | | | |
| 15 | Real estate—Residential | | | | |
| 16 | Real estate—Commercial | | | | |
| 17 | Real estate—Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | ✓ | 378 | 1,906,823 | FMV |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ► (.....) | | | | |
| 26 | Other ► (.....) | | | | |
| 27 | Other ► (.....) | | | | |
| 28 | Other ► (.....) | | | | |

| | | | | |
|---|---|---|---|---|
| 29 | Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 | 0 | |

| | | | Yes | No |
|---|---|---|---|---|
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | 30a | | ✓ |
| b | If "Yes," describe the arrangement in Part II. | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | 31 | ✓ | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | ✓ | |
| b | If "Yes," describe in Part II. | | | |
| 33 | If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II. | | | |

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

**Schedule M, Part I, Line 32b - Gifts for the Nations**

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM INC

Employer Identification number

23 7124787

Form 990, Part VI, Section A, Line 2 - Mr. Mark Wright, Director, is the Pastor of Mr. Richard Wolford, Executive Director.

Form 990, Part VI, Section B, Line 11 - The form is double-checked by someone other than the preparer for clerical errors, and then reviewed by the executive director. An electronic copy is provided to the board of directors before it is filed.

Form 990, Part VI, Section B, Line 12c - A conflict of interest form, attached to the conflict of interest policy, is sent to all parties. It is then signed and returned. It is then reviewed and approved by supervision. These are kept on file.

Form 990, Part VI, Section B, Line 15 - The process for determining the compensation of the Executive Director was last undertaken by the Executive Committee of the Board of Directors on January 8th, 2008.

Form 990, Part VI, Section C, Line 19 - All via request, some on our website, some on guidestar.com.