



Arkansas Dept. of Health
WIC Program
 4815 West Markham Street, Slot 43
 Little Rock, AR 72205-3867

Invoice No. **FFY 08 # 07**

INVOICE

Customer
 Name: Mead-Johnson Nutritional Group
 Address: 2400 West Lloyd Expressway
 City: Evansville State IN ZIP 47721-0001
 Billed to: Ms. Joyce Dawson, Pricing Coordinator (B219)
 Fax # 812-647-8449

Invoice Date: 9/19/2008
 Rebate Mo./Yr.: Aug 08 Actual
 Date Completed: 9/19/2008
 Rebate Due Date: 10/9/2008

Cans	Formula Description	Rate	Amount
	Lactofree Lipil		
	Report Item Number		
721	13 oz Concentrate 08	3.4670	\$2,499.71
87	32 oz Ready-To-Feed 09	4.0280	\$350.44
6,850	12.9 oz. Powdered 10	10.3040	\$70,582.40
	ENFAMIL		
65	Enfamil Next Step Lipil 1K	15.5030	\$1,007.70
	Prosobee LIPIL		
2,092	13 oz. Concentrate 30	3.4670	\$7,252.96
529	32 oz. Ready-To-Feed 31	4.0280	\$2,130.81
27,306	12.9 oz. Powdered 32	10.3040	\$281,361.02
	ENFAMIL LIPIL		
6,260	13 oz. Concentrate 33	3.3400	\$20,908.40
2,312	32 oz. Ready-To-Feed 34	3.8610	\$8,926.63
135,709	14.3 oz. Powdered 35	9.9320	\$1,347,861.79
	ENFAMIL AR LIPIL		
636	32 oz. Ready-To-Feed 68	3.7550	\$2,388.18
9,277	12.9 oz Powdered 69	10.1500	\$94,161.55
37,386	Gentlease Lipi Powder 12 oz. 84	10.1340	\$378,869.72
213	Enfamil Next Step Prosobee 98	15.5030	\$3,302.14

<p>Payment</p> <p><input type="radio"/> Electronic Transfer</p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p>Bank: ONE NATIONAL BANK, _____</p> <p>Acct. #: '6009356 _____</p>		<p>Actual bill; _____</p> <p>TOTAL REBATE \$2,221,603.45</p> <p>Office Use Only _____</p>
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