

ATTACHMENT 11

FILING FEE

ACCOUNTS PAYABLE

NO.0000692349

INVOICE NUMBER	DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET PAY
20113015 FILING FEE	03/25/2021		4,774.96	0.00	4,774.96
VENDOR ID	S-00001887	TOTAL>>>>>>>>	4,774.96	0.00	4,774.96

STATEMENT OF REMITTANCE - DETACH AND RETAIN FOR YOUR RECORDS

South Shore Hospital,
Inc.
55 Fogg Road
South Weymouth, MA
02190

Santander
75 State Street
Boston, MA
02109

60-7269/2313

NO.0000692349

Date
03/31/2021
Amount
***\$4,774.96

Four Thousand Seven Hundred Seventy Four and 96/100

VOID AFTER 120 DAYS

PAY TO
THE
ORDER
OF

Commonwealth Of Massachusetts
529 Main Street
Charlestown, MA 02129



AUTHORIZED SIGNATURE



See Reverse Side For Easy Opening Instructions

South Shore Hospital, Inc.
55 Fogg Road
South Weymouth, MA 02190

Commonwealth Of Massachusetts
529 Main Street
Charlestown, MA 02129

REMOVE BOTH SIDE STUBS FIRST

FOLD, CREASE AND REMOVE THIS STUB AT PERFORATION

ENDORSE CHECK HERE

X

VS WILL DISAPPEAR AND REAPPEAR WHEN
RUBBED OR EXPOSED TO HEAT

DO NOT WRITE / SIGN / STAMP BELOW THIS LINE

DEPOSITORY BANK ENDORSEMENT

REMOVE STUBS AT BOTH ENDS FIRST

THEN FOLD, CREASE AND REMOVE THIS STUB AT PERFORATION

REMOVE BOTH SIDE STUBS FIRST
FOLD, CREASE AND REMOVE THIS STUB AT PERFORATION