

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087200  
Vendor Name: Laerdal Medical Corp.  
Invoice Number: 2020/2000018982  
Invoice Date: 04/29/20  
PO Number: P0369553  
Check Number: 0268338  
Check Amount: \$ 7,488.00  
Check Date: 06/10/2020  
Department ID: 00226  
Reviewer Name: Adrianna Costello  
Voucher Number: V0621753  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: Javier.Ramirez@laerdal.com  
Sent: Thu Apr 30 22:57:45 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Invoice no: 2020/2000018982  
-----

Hello,

Please see attached invoice with the terms and conditions.

Let me know if you have any questions.

Thank you.

Javier Ramirez

Accounts Receivables Specialist

Laerdal Medical — Wappingers Falls , NY

Office: +18452966449



[www.laerdal.com](http://www.laerdal.com)



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Invoice no: 2020/2000018982



**Laerdal**

helping save lives

Bill-to: 00102805

College Of Dupage  
Community College Dist #502  
425 Fawell Blvd  
Glen Ellyn, IL 60137

End User 51012579

COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137

Invoice date: 04/29/2020  
Payment due: 06/28/2020  
Credit Terms: NET 60 DAYS  
Attention:  
Phone: 630 942 2216  
Fax:

Tax ID # E9997-3391-06

**APPROVED**  
**05/16/20 - DILYSS GALLYOT**

**Remark:**

Purchase 369553

Contract no: 106203

Period from:  
4/28/2020

Period to:  
4/27/2021

Invoice Period From  
4/28/2020

Invoice Period To  
4/27/2021

CASE# 219551  
POC; JANELLE WALKER, GLEN ELLYN IL 60137  
THIS INVOICE IS FOR SERVICES ON SALES ORDER # P2370119

Ln	Item no.	Inv Qty	Number of Months	Monthly Unit Price	Amount:
1	200-05050EXW MegaCode Kelly Extended Warranty 1 Yr	1	12	77.25	927.00

Net amount: 927.00

Order total without tax: 927.00

Tax amount: 0.00

**Total USD: 927.00**

**INVOICE REVIEWED**  
**OKAY TO PAY**

Company address:  
Laerdal Medical Corporation  
7 Lee Center  
Wappingers Falls, NY 12590

Phone: (800) 431-1955  
(800) 211-1443

E-mail: customerservice@laerdal.com  
Web page: www.Laerdal.com

Remittance Address:  
LAERDAL MEDICAL CORPORATION  
200 KNOX 78 98

PHILADELPHIA, PA 19178-4987

Page 1 of 1

**ADRIANNA COSTELLO 05/01/20**

## PAYMENT TERMS

- We gladly accept the following methods of payment: Purchase orders, Checks, Credit Cards (MasterCard, VISA, American Express, and Discover).
- For first-time orders from organizations not accompanied by a check or being paid by credit card, please complete and send us the credit application on the back of the Order Form.
- Your payment terms are displayed on the front of the invoice.
- All prices and handling charges refer to U.S. Dollars unless otherwise noted.
- Accounts delinquent over 30 days will be assessed a finance charge of the lesser of 18% or the maximum allowed under local state regulations per annum. Attorney and collection fees additional.

## SALES TAX

- Applicable sales tax will be added to your order. For sales tax charges to be waived, a copy of your state's exempt organization certificate, resale certificate, or direct pay permit must be on file.

Federal ID# 13-2587752

## STATE REGISTRATION ID NUMBERS: (City Registration ID#— Available upon request)

Alabama	SLU-68SU 21367	Missouri	1458439-5
Arizona	07457917	Nebraska	001-008137455
Arkansas	75815039-SLS	Nevada	1007202700
California	SC OHB 30-699934	New Jersey	132-587-752/000
Colorado	80-67800-0000	New Mexico	02-228483-00-4
Connecticut	6766992-000	New York	13-2587752
Delaware	2011119782	North Carolina	010148073
Florida	78-8012240761-6	North Dakota	341524 00
Georgia	175324269	Ohio	99-027565
Idaho	001038136-S	Pennsylvania	99-622 214
Illinois	1822-7521	South Carolina	099 13984 5
Indiana	004915607 001 5	South Dakota	1010-7388-ST
Kentucky	016699	Tennessee	1000161676-SLC
Louisiana	6821854-001 0	Texas	1-13-2587752-7
Maryland	04640387	Utah	13003051-004-STC
Massachusetts	SLS-11320345-005	Virginia	12-132587752F-001
Michigan	ME-0114702	Washington St.	601 061 638
Minnesota	3947475	Wisconsin	456-0000256603-03

## NATIONAL SALES FORCE

- Laerdal Medical Corporation maintains a national sales force to assist customers with product demonstrations and technical questions. Please contact our Customer Service department at (800) 431-1055 for the name of the representative covering your area. Authorized Laerdal distributors refer to the current Laerdal distributor price schedule for terms and conditions.

## SHIPPING

- Shipping charges are FOB Origin for domestic shipments, CIF, 15 miles off US shore for export shipments.
- Shipments to California: Charges for the Electronic Waste Recycling Fee have been paid on the customer's behalf where applicable. For additional information on E-Waste fees, contact your local Board of Equalization (BOE) office.

## RETURNS—LAERDAL PRODUCTS

- **SATISFACTION GUARANTEED!** We will gladly accept and credit the full purchase price of merchandise returned in currently new and salable condition, within 60 days of purchase (30-day return policy for AHA Materials). Credit will be issued upon receipt and evaluation of the merchandise. Please call for an RMA (Return Material Authorization) number **prior** to returning any items. RMA #'s are valid for 60 days.  
All returned merchandise is subject to a 15% restocking fee.

***Report all shipping or invoice discrepancies to the Customer Support team within 10 days of invoice date.***

**ALL PRICES, TERMS AND CONDITIONS ARE SUBJECT TO CHANGE WITHOUT NOTICE.  
LAERDAL MEDICAL CORPORATION IS AN EQUAL OPPORTUNITY EMPLOYER F/M/H/V.**

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087200  
Vendor Name: Laerdal Medical Corp.  
Invoice Number: 2020/2000019470  
Invoice Date: 05/04/20  
PO Number: P0369577  
Check Number: 0268338  
Check Amount: \$ 7,488.00  
Check Date: 06/10/2020  
Department ID: 00226  
Reviewer Name: Adrianna Costello  
Voucher Number: V0622263  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: Javier.Ramirez@laerdal.com  
Sent: Wed May 06 00:29:37 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Laerdal invoices  
-----

Hello,

Please see attached invoice with the terms and conditions.

Let me know if you have any questions.

Thank you.

Javier Ramirez

Accounts Receivables Specialist

Laerdal Medical — Wappingers Falls , NY

Office: +18452966449



[www.laerdal.com](http://www.laerdal.com)



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**Invoice no: 2020/2000019470**



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Bill-to: 00102805

College Of Dupage  
Community College Dist #502  
425 Fawell Blvd  
Glen Ellyn, IL 60137

End User 51445626

College Of Dupage  
425 FAWELL BLVD  
SHIPPING & RCVG  
GLEN ELLYN, IL 60137

Invoice date: 05/04/2020  
Payment due: 07/03/2020  
Credit Terms: NET 60 DAYS  
Attention:  
Phone: 630 942 2216  
Fax:

Tax ID # E9997-3391-06

**APPROVED**  
**05/16/20 - DILYSS GALLYOT**

**Remark:**

Purchase 369577

Contract no: 106216

Period from: 4/30/2020  
Period to: 4/29/2021

Invoice Period From 4/30/2020  
Invoice Period To 4/29/2021

CASE# 220513  
POC: JANELLE WALKER, GLEN ELLYN IL 60137  
THIS INVOICE IS FOR SERVICES ON SALES ORDER # P2370638

Ln	Item no.	Inv Qty	Number of Months	Monthly Unit Price	Amount:
1	377-05050EXW1 SimMom Extended Warranty 1 year	1	12	351.92	4,223.00

Net amount: 4,223.00

**INVOICE REVIEWED**

Order total without tax: 4,223.00  
Tax amount: 0.00

**Total USD: 4,223.00**

**OKAY TO PAY**

**ADRIANNA COSTELLO 05/11/20**

Company address:  
Laerdal Medical Corporation  
167 Myers Corners Rd  
Wappingers Falls, NY 12590

Phone: (800) 431-1055  
Fax: (800) 227-1143

E-mail: customerservice@laerdal.com  
Web page: www.Laerdal.com

Remittance Address:  
LAERDAL MEDICAL CORPORATION  
LOCKBOX 784987

PHILADELPHIA, PA 19178-4987

Page 1 of 1



## PAYMENT TERMS

- We gladly accept the following methods of payment: Purchase orders, Checks, Credit Cards (MasterCard, VISA, American Express, and Discover).
- For first-time orders from organizations not accompanied by a check or being paid by credit card, please complete and send us the credit application on the back of the Order Form.
- Your payment terms are displayed on the front of the invoice.
- All prices and handling charges refer to U.S. Dollars unless otherwise noted.
- Accounts delinquent over 30 days will be assessed a finance charge of the lesser of 18% or the maximum allowed under local state regulations per annum. Attorney and collection fees additional.

## SALES TAX

- Applicable sales tax will be added to your order. For sales tax charges to be waived, a copy of your state's exempt organization certificate, resale certificate, or direct pay permit must be on file.

Federal ID# 13-2587752

## STATE REGISTRATION ID NUMBERS: (City Registration ID#— Available upon request)

Alabama	SLU-68SU 21367	Missouri	1458439-5
Arizona	07457917	Nebraska	001-008137455
Arkansas	75815039-SLS	Nevada	1007202700
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Colorado	80-67800-0000	New Mexico	02-228483-00-4
Connecticut	6766992-000	New York	13-2587752
Delaware	2011119782	North Carolina	010148073
Florida	78-8012240761-6	North Dakota	341524 00
Georgia	175324269	Ohio	99-027565
Idaho	001038136-S	Pennsylvania	99-622 214
Illinois	1822-7521	South Carolina	099 13984 5
Indiana	004915607 001 5	South Dakota	1010-7388-ST
Kentucky	016699	Tennessee	1000161676-SLC
Louisiana	6821854-001 0	Texas	1-13-2587752-7
Maryland	04640387	Utah	13003051-004-STC
Massachusetts	SLS-11320345-005	Virginia	12-132587752F-001
Michigan	ME-0114702	Washington St.	601 061 638
Minnesota	3947475	Wisconsin	456-0000256603-03

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## SHIPPING

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- Shipments to California: Charges for the Electronic Waste Recycling Fee have been paid on the customer's behalf where applicable. For additional information on EWaste fees, contact your local Board of Equalization (BOE) office.

## RETURNS—LAERDAL PRODUCTS

- **SATISFACTION GUARANTEED!** We will gladly accept and credit the full purchase price of merchandise returned in currently new and salable condition, within 60 days of purchase (30-day return policy for AHA Materials). Credit will be issued upon receipt and evaluation of the merchandise. Please call for an RMA (Return Material Authorization) number **prior** to returning any items. RMA #'s are valid for 60 days.  
All returned merchandise is subject to a 15% restocking fee.

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Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087200  
Vendor Name: Laerdal Medical Corp.  
Invoice Number: 2020/2000019469  
Invoice Date: 05/04/20  
PO Number: P0369576  
Check Number: 0268338  
Check Amount: \$ 7,488.00  
Check Date: 06/10/2020  
Department ID: 00226  
Reviewer Name: Adrianna Costello  
Voucher Number: V0622292  
Redaction Type: None  
Document Type: AP Invoice

Document Below

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From: Javier.Ramirez@laerdal.com  
Sent: Wed May 06 00:29:37 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Laerdal invoices  
-----

Hello,

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Let me know if you have any questions.

Thank you.

Javier Ramirez

Accounts Receivables Specialist

Laerdal Medical — Wappingers Falls , NY

Office: +18452966449



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Invoice no: 2020/2000019469



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Bill-to: 00102805

College Of Dupage  
Community College Dist #502  
425 Fawell Blvd  
Glen Ellyn, IL 60137

End User 51012579

COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137

Invoice date: 05/04/2020  
Payment due: 07/03/2020  
Credit Terms: NET 60 DAYS  
Attention:  
Phone: 630 942 2216  
Fax:

Tax ID # E9997-3391-06

**APPROVED**  
**05/15/20 - KIRK OVERSTREET**

**Remark:**

Purchase 369576

Contract no: 106215

Period from: 7/1/2020  
Period to: 6/30/2021

Invoice Period From 7/1/2020  
Invoice Period To 6/30/2021

CASE# 220510  
POC; JANELLE WALKER, GLEN ELLYN IL 60137  
THIS INVOICE IS FOR SERVICES ON SALES ORDER# P2370633

Ln	Item no.	Inv Qty	Number of Months	Monthly Unit Price	Amount:
1	232-05050EXW1 SimJunior Std or Ad Ext Warranty 1 year	1	12	194.83	2,338.00

Net amount: 2,338.00

Order total without tax: 2,338.00

Tax amount: 0.00

**Total Due 2,338.00**

**INVOICE REVIEWED**

**OKAY TO PAY**

Company Address:  
Laerdal Medical Corporation  
167 Myers Corners Rd  
Wappingers Falls, NY 12590

E-mail:  
Web page:

customerservice@laerdal.com  
www.Laerdal.com

Remittance Address:  
LAERDAL MEDICAL CORPORATION  
LOCKBOX 784987

PHILADELPHIA, PA 19178-4987

Page 1 of 1

**ADRIANNA COSTELLO 05/08/20**