

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1583427
Vendor Name: CAE Healthcare Inc
Invoice Number: INV000000123900
Invoice Date: 03/10/20
PO Number: P0366737
Check Number: E0080585
Check Amount: \$ 24,999.00
Check Date: 06/25/2020
Department ID: 00226
Reviewer Name: Adrianna Costello
Voucher Number: V0607918
Redaction Type: None
Document Type: AP Invoice

Document Below

From: dorys.rangel@cae.com
Sent: Sun Mar 15 07:02:29 CDT 2020
To: invoicing@cod.edu
CC: tanya.ross@cae.com, florencia.tellado@cae.com
Subject: CAE Healthcare, Inc - Invoice # 123900

Hello,

Attached you will find the Invoice for your order. Please let me know if you need further assistance.

Please let me know if there have been any changes to your accounts payable contact information; please provide us with this information.

Please include Customer ID & Invoice Number with payment, otherwise it will delay remittance to your account.

Thank you!



Dorys Rangel

Account Receivable Specialist

T. 941-536-2933 ▪ F. 941-377-5590 ▪ E. dorys.rangel@cae.com

A. 6300 Edgelake Drive, Sarasota, FL 34240

CAE Healthcare

caehealthcare.com

CONFIDENTIALITY NOTICE

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CAE

Invoice Date: 3/10/20
Due Date: 5/9/20
Payment Terms: NET60
Delivery Terms: FOB DESTINATION
Order Date: 10/3/19
Sales Order Number: SO00084144
Purchase Order ID: 366737

CAE Healthcare, Inc.
 6300 Edgelake Drive, Sarasota, FL 34240
INV000000123900
Customer ID: 12
Sales Representative: Billingsley, James
Customer Contact: invoicing@cod.edu



Bill To Address:

Ship To Address:

Order Notes:

Packing Slip ID:

College of Dupage
 Accounts Payable
 425 Fawell Boulevard
 Glen Ellyn, IL, 60137-6599

College of Dupage
 Shipping and Receiving
 425 Fawell Boulevard
 Glen Ellyn, IL, 60137-6599

POC/Software Updates:
 Janelle Walker
 walkerj386@cod.edu
 (630) 942-3608
 **
 Alt Contact: Melissa Ericson
 ericsonm@cod.edu
 (630) 942-3938
 **

PAC000000102344

APPROVED
03/16/20 - DILYSS GALLYOT

Inv Ln	SO LN NO	Item ID	Description	National Stock Number ID	Model ID	Order Quantity	Quantity Invoiced	UOM	Net Unit Price Amount	Line Charge Amount	Tax	Tax %	Invoice Line Total
1	1	253K560002	Luna Advanced Medium Skin Tone	LUN-300	LUNA	1	1	EA	\$24,849.00	0	N	0.00%	\$24,849.00
2	2	WAR-LUN05	Premier Assurance for Luna Advanced	WAR-LUN05		1	1	YR	\$0.00	0	N	0.00%	\$0.00
3	3	SHIPPING	Shipping & Handling Charges	SHIPPING		1	1	EA	\$150.00	0	N	0.00%	\$150.00
Subtotal:											\$24,999.00		
Tax:											\$0.00		
Total Amount Due:											\$24,999.00		

Please include Customer ID & Invoice Number with payment, otherwise it will delay remittance to your account.

INVOICE REVIEWED

OKAY TO PAY

Invoice Inquiries Contact:
 Att: Accounts Receivable
 srqar@cae.com
 Phone#: 941-536-2861
Payment Address:
 CAE Healthcare, Inc.
 LOCKBOX: 32955
 32955 Collection Center Drive
 Chicago, IL 60693

Registration Information:
 CAE Healthcare Tax Payer ID # 22-3437089
 California Reg# SR S OHC 100-161527
 Canada GST# 86624-2530-RT-0001
 British Columbia Business # 86624-2530
 British Columbia PS # 11-8-2-18
 Saskatchewan GST# 416-290
 Manitoba RST# 86624-2530-MT-001
 Quebec QST# 1213251062

ELLO 03/16/20