

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1082168
Vendor Name: Armstrong Medical Industries I
Invoice Number: 1920962
Invoice Date: 06/18/20
PO Number: P0369968
Check Number: 0270803
Check Amount: \$ 373.92
Check Date: 07/14/2020
Department ID: 00233
Reviewer Name:
Voucher Number: V0632632
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: zerrudom@cod.edu
Sent: Wed Jul 01 12:14:49 CDT 2020
To: invoicing@cod.edu
CC:
Subject: Scanned from a Xerox Multifunction Device

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Attachment File Type: pdf, Multi-Page Multifunction Printer Location: SRC-3 Device Name: Printer-266

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Armstrong Medical

INDUSTRIES INC.

NO. 1920962

INVOICE

575 Knightsbridge Pkwy.
Post Office Box 700
Lincolnshire, IL 60069-0700

Toll Free: 800/323-4220
FAX: 847/913-0138
FEIN #36-2592084

DATE 06/18/20
SHIPPED VIA FEDEX
TERMS NET 30 DAYS
CUST. CODE IL09100
CUST TYPE 14

S COLLEGE OF DUPAGE
L ACCTS PAYABLE
D 425 FAWELL BLVD
T GLEN ELLYN IL 60137

S COLLEGE OF DUPAGE
H JANE VATCHEV
P 425 FAWELL BLVD
T GLEN ELLYN IL 60137

PURCHASE ORDER NO.

ORDER DATE

SALESMAN

DATE SHIPPED

ORDER NO.

F.O.B.

369968

06/17/20

2-MIKE LUNDE

06/17/20

0618790

PPD & ADD

QUANTITY

ORDERED SHIPPED BACK ORD

STOCK NUMBER DESCRIPTION

UNIT PRICE

U/M

AMOUNT

5

5

0

18.01

RESUSCI FACE SHIELDS(6 RL/PKG)

71.00

PKG

355.01

3 WAY MATCH

Sub Total	355.00	Tax	.00	Freight	18.92	PAY THIS AMOUNT	373.92
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SHORTAGES MUST BE REPORTED WITHIN 10 DAYS FROM DATE OF INVOICE
NO RETURNS WITHOUT AUTHORIZATION.
1 1/2% INTEREST PER MONTH WILL BE CHARGED ON OVERDUE BALANCES.

ORIGINAL

PLEASE RETURN PT 3 (GREEN COPY) WITH PAYMENT

