

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1512676

Vendor Name: Sue Franzen

Invoice Number: BE35001015A

Invoice Date: 06/12/20

PO Number: P0369702

Check Number: 0270871

Check Amount: \$ 921.00

Check Date: 07/14/2020

Department ID: 00181

Reviewer Name:

Voucher Number: V0630248

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: bedford@cod.edu
Sent: Tue Jun 16 10:48:03 CDT 2020
To: invoicing@cod.edu
CC:
Subject: Sue Franzen Invoice Attached

Hello
Please see attached invoice from Sue Franzen June 12 2020.
Kindly process for payment.
Thank you,
Yvonne Bedford
Continuing Education

Original Bill

Proforma Premiums
Telephone: 630-844-3147
Email: sue.franzen@proforma.com

Bill Number BE35001015A
Bill Date 6/12/2020
Due Date 7/11/2020
Terms Net 30
Sales Order SE35001015
Sales Person Sue Franzen

Sold To

Stephanie Penev
College of Dupage
425 Fawell Blvd.
Glen Ellyn, Illinois 60137
Phone: 630-942-2067
penevs@cod.edu

Shipped To

Stephanie Abrassart
1929 Stanford Drive
NAPERVILLE, IL 60565

APPROVED
06/17/20 - THOMAS BRADY

Customer PO: 369702

Customer Reference: Embroidered Patches

Item #	Item Description	QTY Billed	QTY Ordered	Back Order	Unit Price	Per	Credit	Amount
Embroidered Patches	Embroidered Patches 3 different designs 300 of each design	900	900	0	1.0900	Each	(\$150.00)	\$831.00
set-up charge	set-up charge one per design	3	3	0	30.0000	Each	-	\$90.00
Line-Item Total	Freight Amount	Tax Amount	Sub Total	Deposits	Credits/Discounts	Amount Due:		
\$1,071.00	-	-	\$1,071.00	-	(\$150.00)	\$921.00 USD		

Bills that are paid beyond terms will be adjusted to reflect current retail prices in addition to a 1.5% per month (18% per annum) service charge. Proforma makes no warranties, express or implied, on merchantability, fitness or otherwise which extend beyond the description of the product herein. Furthermore, buyer agrees through payment of this bill that Proforma's damages, if any, shall be limited to the total selling price of any item purchased.

Please indicate on your remittance the bill numbers to which the payment is to be applied.

Thank you for your business!

INVOICE REVIEWED
OKAY TO PAY
YVONNE BEDFORD 06/16/20

Please detach this portion and return with your payment.

Remittance Advice

Billed Customer #	Bill Number	Bill Date	Amount Due
C0E3500193	BE35001015A	6/12/2020	\$921.00 USD

BILL TO:

College of Dupage
Stephanie Abrassart
425 Fawell Blvd.
Glen Ellyn, IL 60137

PLEASE SEND PAYMENT TO:

Proforma
P.O. Box 640814
Cincinnati, OH 45264-0814