

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087629

Vendor Name: Pocket Nurse

Invoice Number: 1142840-1

Invoice Date: 06/26/20

PO Number: P0369736

Check Number: E0080925

Check Amount: \$ 18,479.10

Check Date: 07/20/2020

Department ID: 00225

Reviewer Name:

Voucher Number: V0631897

Redaction Type: None

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

Document Below

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From: lherskovitz@pocketnurse.com  
Sent: Fri Jun 26 10:46:14 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Invoice 1142840 for 011855 College Of Dupage  
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See the Following attached Files:

01142840-001

Please contact [accounting@pocketnurse.com](mailto:accounting@pocketnurse.com) for billing questions or copies of invoices. You may also call us at 1-800-225-1600, option 3.

For questions regarding your order, please contact our customer service department at [cs@pocketnurse.com](mailto:cs@pocketnurse.com) or 1-800-225-1600, option 1.

THE INFORMATION CONTAINED IN THIS EMAIL MESSAGE IS INTENDED ONLY FOR THE PROFESSIONAL AND CONFIDENTIAL USE OF THE INTENDED RECIPIENT(S). This email message and/or any attachments thereto may be confidential, legally privileged, and/or exempt from disclosure under applicable law. If the reader of this message is not an intended recipient, you are hereby notified that any review, use, disclosure, dissemination, forwarding or copying of this email message and/or attachments or taking of any action in reliance on the contents therein is strictly prohibited. Please notify Pocket Nurse immediately by reply email or telephone 724-480-3777, and delete the original message and all attachments from your system. Thank you.

# Invoice

Bill to: College Of Dupage  
 425 Fawell Blvd  
 Glen Ellyn, IL 60137

Phone: (630) 942-2229  
 Ship to: College of Dupage  
 425 Fawell Blvd  
 Nursing & HSC Sim Lab  
 GLEN ELLYN, IL 60137

Phone: (630) 942-2813  
 Attn: Melissa Ericson

**3 WAY MATCH**

Invoice Number : **1142840-1**

Customer# : 011855

Invoice Date : 06/26/2020

Due Date : 07/26/2020

Ordered By : A.Dando

Entered By : Ashlee Shirley

Account Manager : Terry Kitchen

Terms : NET 30

Shipping Method : Ground

Ship Acct# :

Customer PO : 369736

Remit To: Pocket Nurse

P.O Box 644898

Pittsburgh, PA 15264-4898

Tax ID : 25-1763055

All checks must reference invoice number  
 to be processed in a timely manner.

## Customer/Order Instructions

PO 369736  
 Janelle Walker  
 walkerj386@cod.edu  
 630-942-2238

## DOCK TO DOCK DELIVERY

Line	Order	Ship	B/O	U/M	Item #	Description	Price	Per	Extension
0001	10	10	0	EA	04-50-1601-LTOAKREFURB	Hill-Rom Adv Bed with Scale and Mattress	1,627.91	EA	16279.10

Transportation charges on shipments from Pocket Nurse cover dock-to-dock or dock-to-curb deliveries. Please read our complete Shipping Disclaimer in the Terms and Conditions. If additional shipping charges are incurred by Pocket Nurse due to customer requests or refusal of shipment charges will revert to the customer. Accessorial charges may include, but are not limited to; change of address, residential delivery, inside delivery, stair charges, redelivery, and storage.

SubTotal 16,279.10

Shipping & Handling - Percent 2,200.00

Customer Service - cs@pocketnurse.com or 1.800.225.1600, option 1.  
 Billing - accounting@pocketnurse.com or 1.800.225.1600, option 3.



Total 18,479.10