

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1422127

Vendor Name: Elliott Auto Supply Co Inc

Invoice Number: 62-479382

Invoice Date: 02/08/21

PO Number: B0370319

Check Number: 0277279

Check Amount: \$ 187.47

Check Date: 03/09/2021

Department ID: 00017

Reviewer Name:

Voucher Number: V0662156

Redaction Type: None

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

Document Below

-----  
From: barriosi142@cod.edu <barriosi142@cod.edu>  
Sent: Wed Feb 17 10:25:07 CST 2021  
To: invoicing@cod.edu  
CC:  
Subject: Scanned from a Xerox Multifunction Device  
-----

Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device.

Attachment File Type: pdf, Multi-Page

Multifunction Printer Location: SRC-3  
Device Name: Printer-266

[attachment: Scanned from a Xerox Multifunction Printer.pdf]



**FACTORYMOTORPARTS**  
1380 Corporate Center Curve Ste 200  
Eagan, MN 55121

Phone: 630-548-9079 Fax: 630-264-0820

**Bill To: NP1377**

275 1 SP 0.510 Return Service Requested  
College Of Dupage- Education  
425 Fawell Blvd T: 1  
Glen Ellyn, IL 60137-6708 Seq# 000275



**Remit To:**  
Factory Motor Parts Co.  
BIN 139107  
PO Box 9107  
Minneapolis, MN 55480-9107

**Warehouse Address:**  
517 S River St  
Aurora, IL 60506

**INVOICE**

Date	Invoice No.
2/8/2021	62-479382
Cust. PO#	Account #
RA841216	NP1377

**Ship To: NP1377**

College Of Dupage- Education  
425 Fawell Blvd  
Glen Ellyn, IL 60137-6708



62-479382



Pick Ticket #		Ship Via	Ship Date	Terms	SLS Rep	KEYED	Page	
62-05432		CREDIT INVOICE	02/08/2021	NET 30 DAYS	62	E1R	1 of 1	
Order Qty	Ship Qty	Unit	Part #	Description	OEM	Price EA	Net Price	Net Ext
-1	-1	EA	BCR CORE-EA	BATTERY CORE BY EACH			CORE CRDT	-11.00
PRINT NAME _____					MERCHANDISE TOTAL 0.00			
X SIGNATURE _____					CORE TOTAL -11.00			
					INVOICE TOTAL -11.00			

Note: Returns are subject to a 15% restocking charge. Any Claim or return must have prior written authorization.  
Finance charge will be a 1.5% per month applied to all past due invoices.



-----  
From: Aranki, Joseph <arankij@cod.edu>  
Sent: Fri Mar 05 10:33:47 CST 2021  
To: invoicing@cod.edu  
CC:  
Subject: FMP Supply approved Statement  
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[attachment: FMP Supply Account Statement NP1377 (1).pdf]



Billing Date: Thursday Mar 04, 2021

page 1 of 1

Bin 139107  
PO BOX 9107  
Minneapolis, MN 55480-9107

BILLING INQUIRIES CALL: 651-405-3610  
FAX: 651-405-3599

Account Summary	
Account Number:	NP1377
Current Charges:	187.47
30-60	0.00
60-90	0.00
Over 90	-41.00
<b>Total Due:</b>	<b>146.47</b>
Future Payments:	0.00
Grand Total:	146.47

COLLEGE OF DUPAGE- EDUCATION  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6708

**AP VERIFIED**

TERMS: NET 30 DAYS

**03/05/21 - MARIA ZERRUDO**

Late payment charges of 1.5% per month may be applied to all past due invoices!

Invoice	Reference	Invoiced	Code	Due Date	Amount	Balance
50-3241032	B0370320	02/22/21	Invoice	03/24/21	86.76	86.76
62-465973	RA7107641	10/07/20	Credit Memo	11/06/20	-11.00	75.76
62-468169	RA8394702	10/27/20	Credit Memo	11/26/20	-15.00	60.76
62-469450	RA8394679	11/06/20	Credit Memo	12/06/20	-15.00	45.76
62-479304	FLEET EQUINOX	02/08/21	Invoice	03/10/21	111.71	157.47
62-479382	RA841216	02/08/21	Credit Memo	03/10/21	-11.00	146.47
					AMOUNT DUE	146.47

Approved for payment, Dean,  
Bus. & App. Tech Division

Kris Fay

Digitally signed by Kris  
Fay  
Date: 2021.03.04  
12:02:19 -06'00'

To avoid delays in processing include the remittance stub below with your payment.

Customer Name	Account Number	Amount Due	Date Due	Payment Enclosed
COLLEGE OF DUPAGE- EDUCATION	NP1377	146.47	03-10-21	

Please indicate with a checkmark those invoices you are paying

Invoice	Amount	Invoice	Amount
50-3241032	86.76		
62-465973	-11.00		
62-468169	-15.00		
62-469450	-15.00		
62-479304	111.71		
62-479382	-11.00		

☐ CHECK ☐ VISA ☐ MasterCard

Card No:

Expiration Date:

Card Holder's Name:

Signature for Credit Card:

**REMIT TO:**

Factory Motor Parts  
Bin 139107  
PO BOX 9107  
Minneapolis, MN 55480-9107

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1422127  
Vendor Name: Elliott Auto Supply Co Inc  
Invoice Number: 50-3241032  
Invoice Date: 02/22/21  
PO Number: B0370319  
Check Number: 0277279  
Check Amount: \$ 187.47  
Check Date: 03/09/2021  
Department ID: 00017  
Reviewer Name:  
Voucher Number: V0664094  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

-----  
From: Aranki, Joseph <arankij@cod.edu>  
Sent: Fri Mar 05 10:35:05 CST 2021  
To: invoicing@cod.edu  
CC:  
Subject: FMP Supply invoice #3 of 3  
-----

[attachment: #3.pdf]



50-3241032

Remit to:  
Factory Motor Parts  
Bin 139107  
PO Box 9107  
Minneapolis, MN 55480-9107

INVOICE

DATE	INVOICE NO.
02/22/21	50-3241032
CUST. PO#	ACCOUNT #
B0370320	NP1377

517 S. River St.

Auto: 60506  
Phone: 630-548-9079 Fax: 630-264-0820

POK TICKET #	SHIP VIA	SHIP DATE	TERMS	SLS REP	KEYED	PAGE
50-81465	OUR TRUCK	02/22/21	NET 30 DAYS	62	EHR	1 of 1

SOLD TO	NP1377 COLLEGE OF DUPAGE- EDUCATION 425 FAWELL BLVD GLEN ELLYN, IL 60137-6708	Route# T62 PD:02/22/21 PT:09:13	SHIP TO	NP1377 COLLEGE OF DUPAGE- EDUCATION 425 FAWELL BLVD GLEN ELLYN, IL. 60137-6708 630-942-2439
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ORDER QTY	SHIP QTY	UNIT	PART #	DESCRIPTION	OEM	PRICE EA.	NET PRICE	NET EXT.
12	12	EA		Location Drop Shipment Loc:62 FVP GREEN50/50-GAL GREEN AF PREDILUTED GAL SHUTTLE TO FOX VALLEY RUN OVER HOSE WHEN YOU GET THERE		12.70	7.23	86.76
<p>For: AT 2280 stock Bot#: 370319</p> <p>Mark Refar</p>								

CALL FMP FOR KN95 &  
DISPOSABLE FACE MASKS,  
BLEACH & 65% ALCOHOL HAND  
CLEANER..... IN STOCK!!  
Reference Total 152.40 Difference Total 65.64

Merchandise Total  
Invoice Total

86.76  
86.76

09:50AM 02/22/21

Note: Returns are subject to a restocking charge. Any claim or return must have prior written authorization. Finance charges will be 1.5% per month applied to all past due invoices.

-----  
From: Zerrudo, Maria <zerrudom@cod.edu>  
Sent: Fri Mar 05 11:32:50 CST 2021  
To: invoicing@cod.edu  
CC:  
Subject: Attached Document  
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[attachment: Default.PDF]



Billing Date: Thursday Mar 04, 2021

page 1 of 1

Bin 139107  
PO BOX 9107  
Minneapolis, MN 55480-9107

BILLING INQUIRIES CALL: 651-405-3610  
FAX: 651-405-3599

COLLEGE OF DUPAGE- EDUCATION  
425 FAWCETT BLVD  
GLEN ELLYN, IL 60137-4678

**AP VERIFIED**  
**03/05/21 - MARIA ZERRUDO**

Account Summary	
Account Number:	NP1377
Current Charges:	187.47
30-60	0.00
60-90	0.00
Over 90	-41.00
<b>Total Due:</b>	<b>146.47</b>
Future Payments:	0.00
<b>Grand Total:</b>	<b>146.47</b>

Late payment charges of 1.5% per month may be applied to all past due invoices!

Invoice	Reference	Invoiced	Code	Due Date	Amount	Balance
50-3241032	B0370320	02/22/21	Invoice	03/24/21	86.76	86.76
62-465973	RA7107641	10/07/20	Credit Memo	11/06/20	-11.00	75.76
62-468169	RA8394702	10/27/20	Credit Memo	11/26/20	-15.00	60.76
62-469450	RA8394679	11/06/20	Credit Memo	12/06/20	-15.00	45.76
62-479304	FLEET EQUINOX	02/08/21	Invoice	03/10/21	111.71	157.47
62-479382	RA841216	02/08/21	Credit Memo	03/10/21	-11.00	146.47
					AMOUNT DUE	146.47

Approved for payment, Dean,  
Bus. & App. Tech Division

Kris Fay

Digitally signed by Kris  
Fay  
Date: 2021.03.04  
12:02:19 -06'00'

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Customer Name	Account Number	Amount Due	Date Due	Payment Enclosed
COLLEGE OF DUPAGE- EDUCATION	NP1377	146.47	03-10-21	

Please indicate with a checkmark those invoices you are paying

Invoice	Amount	Invoice	Amount
50-3241032	86.76		
62-465973	-11.00		
62-468169	-15.00		
62-469450	-15.00		
62-479304	111.71		
62-479382	-11.00		

<input type="checkbox"/> CHECK	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
Card No:		
Expiration Date:		
Card Holder's Name:		
Signature for Credit Card:		

REMIT TO:

Factory Motor Parts  
Bin 139107  
PO BOX 9107  
Minneapolis, MN 55480-9107

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1422127

Vendor Name: Elliott Auto Supply Co Inc

Invoice Number: 62-479304

Invoice Date: 02/08/21

PO Number: B0370320

Check Number: 0277279

Check Amount: \$ 187.47

Check Date: 03/09/2021

Department ID: 00017

Reviewer Name:

Voucher Number: V0664095

Redaction Type: None

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

Document Below

-----  
From: Aranki, Joseph <arankij@cod.edu>  
Sent: Fri Mar 05 10:34:19 CST 2021  
To: invoicing@cod.edu  
CC:  
Subject: FMP Supply invoice #1 of 3  
-----

[attachment: #1.pdf]



62-479304

Remit to:  
Factory Motor Parts  
Bin 139107  
PO Box 9107  
Minneapolis, MN 55480-9107

## INVOICE

DATE  
02/08/21INVOICE NO.  
62-479304

CUST. PO#

ACCOUNT #

FLEET EQUINOX

NP1377

517 S River St  
Aurora, IL 60506  
Phone: 630-548-9079 Fax: 630-264-0820

PICK TICKET #	SHIP VIA	SHIP DATE	TERMS	SLS REP	KEYED	PAGE
62-05337	OUR TRUCK	02/08/21	NET 30 DAYS	62	GSM	1 of 1

SOLD TO	NP1377 COLLEGE OF DUPAGE- EDUCATION 425 FAWELL BLVD GLEN ELLYN, IL 60137-6708	PD:02/08/21 PT:09:52	SHIP TO	NP1377 COLLEGE OF DUPAGE- EDUCATION 425 FAWELL BLVD GLEN ELLYN, IL. 60137-6708 630-942-2439

ORDER QTY	SHIP QTY	UNIT	PART #	DESCRIPTION	OEM	PRICE EA.	NET PRICE	NET EXT.
1	1	EA	DEL 47G110	VEHICLE 43925 - 2016 CHEVROLET EQUINOX L4-145ci 2. 88866155 C525 R110 (7) PLEASE HAVE THE DRIVER RUN OVER THE "BELL HOSE" AT THE DOOR SO HE WILL KNOW THEY ARE THERE THANK YOU !!!	88866155	139.29	100.71 CORE CHARGE	100.71 11.00

For: Fleet Vehicle (16 Equinox)  
Bo#: 370320

Mark Rafay

CALL FMP FOR KN95 &  
DISPOSABLE FACE MASKS,  
BLEACH & 65% ALCOHOL HAND  
CLEANER..... IN STOCK!!

Reference Total 139.29 Difference Total 38.58

Merchandise Total  
Core Total  
Invoice Total

100.71  
11.00  
111.71

10:32AM 02/08/21

-----  
From: Zerrudo, Maria <zerrudom@cod.edu>  
Sent: Fri Mar 05 11:33:22 CST 2021  
To: invoicing@cod.edu  
CC:  
Subject: Attached Document  
-----

[attachment: Default.PDF]



Billing Date: Thursday Mar 04, 2021

page 1 of 1

Bin 139107  
PO BOX 9107  
Minneapolis, MN 55480-9107

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FAX: 651-405-3599

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<b>Grand Total:</b>	<b>146.47</b>

COLLEGE OF DUPAGE- EDUCATION  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6708

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					AMOUNT DUE	146.47

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Bus. & App. Tech Division

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Fay  
Date: 2021.03.04  
12:02:19 -06'00'

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62-465973	-11.00		
62-468169	-15.00		
62-469450	-15.00		
62-479304	111.71		
62-479382	-11.00		

<input type="checkbox"/> CHECK	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
Card No:		
Expiration Date:		
Card Holder's Name:		
Signature for Credit Card:		

**REMIT TO:**

Factory Motor Parts  
Bin 139107  
PO BOX 9107  
Minneapolis, MN 55480-9107