

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1596869  
Vendor Name: Merry X-Ray Chemical Corp  
Invoice Number: 8800762249  
Invoice Date: 05/20/21  
PO Number: P0371327  
Check Number: 0281716  
Check Amount: \$ 2,681.50  
Check Date: 06/08/2021  
Department ID: 00253  
Reviewer Name:  
Voucher Number: V0684186  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

# INVOICE



PURCHASE ORDER 3070235			INVOICE/FID 8800762249	INVOICE DATE 05/20/2021	ACCOUNT NO 1028992
SALES OFFICE 109	ORDER DATE 05/20/2021	DIVISION 20	PAYMENT TERMS Net 60 Days		DUE DATE 07/19/2021

SOLD TO:1028992  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137  
USA

**3 WAY MATCH**

BILL TO:  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137  
USA

PO#371327

SHIP TO:1028992  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137  
USA

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Contract Number : Order Number : Period : Service Type : Original Invoice Date : Original Billing Ref : Original Invoice No :		
1	EA	122581	AMX 4/4+ BATTERY PACK KIT 30B021S3	\$2,031.50	\$2,031.50
1	AU	ZENT_00007	SERVICE FLAT RATE CHARGE	\$650.00	\$650.00
				<b>SubTotal:</b>	<b>\$2,681.50</b>
				<b>Tax:</b>	<b>\$0.00</b>
				<b>Total:</b>	<b>\$2,681.50</b>
<b>Additional Information:</b> Additional Information: Service Order# 4135774 # Equipment# Model SN# 1 900017694 AMX-4 46-270954G2					

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE CHARGED FROM THE DATE OF THE INVOICE ON ALL ACCOUNTS NOT PAID WHEN DUE

PAGE: 1 OF 1

WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH THE FAIR LABOR STANDARDS ACT AS AMENDED, AND OF REGULATIONS THERE UNDER. SUCH GOODS MAY OR MAY NOT CONTAIN REMANUFACTURED COMPONENTS FOLLOWING LIMITED PRIOR USE WHICH CONFORM TO NEW COMPONENT AND SYSTEM PERFORMANCE SPECIFICATIONS. ALL RETURNED GOODS MUST BE AUTHORIZED BY MXR IMAGING, INC., PRIOR TO THEIR RETURN. ALL RETURNS OF MERCHANDISE SHIPPED CORRECTLY ARE SUBJECT TO A RESTOCKING CHARGE. ALL REQUESTS FOR PROOF OF DELIVERY MUST BE SUBMITTED WITHIN 30 DAYS OF INVOICE DATE.

RETURN THIS PORTION WITH PAYMENT FOR PROPER CREDIT

\*NOTICE: YOU MAY BE REQUIRED TO REPORT DISCOUNTS ON ITEMS/SERVICES PAID FOR UNDER FEDERAL HEALTH CARE PROGRAM (REF. 42 CFR 1001.952(h))

\*\*Please note new Remit-To address\*\*

\*WHEN PAYING BY CREDIT CARD A 3% CONVENIENCE FEE WILL BE ADDED

## REMIT TO:

**MXR IMAGING, INC.**  
**4909 MURPHY CANYON RD STE 120**  
**SAN DIEGO, CA 92123 USA**

PURCHASE ORDER 3070235	INVOICE/FID 8800762249	INVOICE DATE 05/20/2021	ACCOUNT NO 1028992	CUSTOMER NAME COLLEGE OF DUPAGE
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BILLING REF: 90731695

ANY QUESTIONS REGARDING THIS INVOICE CALL :  
866-326-1362 Ext 347

AMOUNT PAID

AMOUNT DUE

\$2,681.50

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From: Lang, Jessica <langj@cod.edu>  
Sent: Tue Jun 01 14:29:11 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: Merry X-Ray INV#8800762249 \$2,681.50  
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Jessica Lang  
Program Support Specialist, Nursing & Health Sciences  
College of DuPage | 425 Fawell Blvd | Glen Ellyn, IL 60137  
630.942.2447 Direct | 630.942.8331 Office | 630.942.4222 Fax  
[langj@cod.edu](mailto:langj@cod.edu)

[attachment: Merry X-Ray INV#8800762249 \$2,681.50 - sent to AP 6.1.21.pdf]