

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085194
Vendor Name: Wbc Group, Llc
Invoice Number: 5905618
Invoice Date: 05/13/21
PO Number: P0373712
Check Number: 0281801
Check Amount: \$ 187.88
Check Date: 06/08/2021
Department ID: 00237
Reviewer Name: Jessica Lang
Voucher Number: V0679573
Redaction Type: None
Document Type: AP Invoice

Document Below



Supplying the products that move people.
6333 Hudson Crossing Pkwy, Hudson, OH 44236

INVOICE

INVOICE #:	5905618
INVOICE DATE:	05/13/2021
ACCOUNT #:	1347210

BILL TO: COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

SHIP TO: COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

TERMS 30 NET
PO # 373712
SALES ORDER # 11924274831
CURRENCY USD

Page 1 of 1

ITEM #	MFG. PART #	DESCRIPTION	QTY SHIPPED	UNIT PRICE	EXTENDED PRICE	HCPCS
GLX192BLK PAR130	1125 STOOL BLK 04-02	REVOLVING EXAM STOOL, BLACK AQUAFLEX DISPOSABLE ULTRASOUND G	1 12	\$109.8800 \$6.5000	\$109.88 \$78.00	E1399

ITEM SUBTOTAL: \$187.88
SALES TAX: \$0.00
SHIPPING & HANDLING: \$0.00

TOTAL DUE: \$187.88

INVOICE REVIEWED

OKAY TO PAY

APPROVED

JESSICA LANG 05/17/2021 - LISA S

This transaction and the use of the products described herein are subject to MeyerPT's standard terms and conditions, which can be found online at www.meyerpt.com/terms and are incorporated by reference herein. By accepting this order, you expressly agree to be bound by these terms and conditions. If you do not accept these terms and conditions, please promptly notify us and return the products. To request a paper copy of these terms and conditions, please call 866-528-2144.

MeyerPT reminds Customers to refer to its state Medicaid rules for reporting any discounts on billing and that Social Security Act 1128B requires information concerning discounts and rebates to be properly disclosed and appropriately reflected in the costs claimed or charges made under Medicare and state health care programs.

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PLEASE TEAR ALONG PERFORATED LINE AND REMIT WITH PAYMENT

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BILL TO: COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
ACCOUNT #:1347210

INVOICE #: 5905618
INVOICE DATE: 05/13/2021
SALES ORDER #: 11924274831

REMIT TO: MeyerPT
PO BOX 638256
CINCINNATI OH 45263-8256
866-528-2144

TERMS: 30 NET
DUE DATE: 06/12/2021
TOTAL DUE: \$ 187.88

AMOUNT ENCLOSED: _____

From: MeyerPT <credit@boxouthealth.com>
Sent: Fri May 14 03:07:33 CDT 2021
To: invoicing@cod.edu
CC:
Subject: [External] Invoice for Account # 1347210

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

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Please see the attached invoice.

Thank you,
Credit Team

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[attachment: Invoice for Account # 1347210.pdf]