

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1356681
Vendor Name: Healthcare Waste Management, I
Invoice Number: 61652
Invoice Date: 05/31/21
PO Number:
Check Number: 0282294
Check Amount: \$ 272.00
Check Date: 06/22/2021
Department ID: 00761
Reviewer Name: None
Voucher Number: V0687189
Redaction Type: None
Document Type: AP Invoice

Document Below



HWM SHREDPRO
 Healthcare Waste Management, Inc.
 Reducing Waste, Risk and Cost

PO BOX 1218 • FRANKFORT, IL 60423

888.427.5797 • email: service@hwmusa.com

Due Date	Invoice Date	Invoice #	Account #
6/15/2021	5/31/2021	61652	IL-2293

Balance Due

\$272.00

PROVED 06/17/21 PHIL GIESCHEN 01-80-00761-570

College of DuPage
 Attn: Accounts Payable
 425 Fawell Blvd
 Glen Ellyn, IL 60137-6599

Customer
 Total Balance

\$272.00

☐ Please check box if address, phone or email is incorrect or has changed, and indicate change(s) on reverse side.
 invoicing@cod.edu

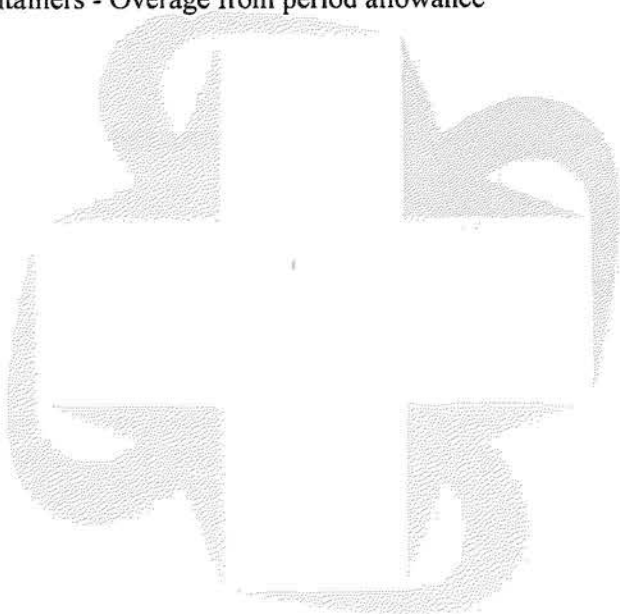
PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

Service Location:

College of DuPage
 425 Fawell Blvd
 Glen Ellyn, IL 60137-6599

P.O. #

Due Date	Invoice Date	Invoice #	Account #
6/15/2021	5/31/2021	61652	IL-2293

Date	Description	Quantity	Amount
5/25/2021	Scheduled Medical Waste Service - 31 Drums	1	95.06
	Additional Containers - Overage from period allowance	3	176.94
			

**Did you know we also provide services to
 remove and destroy documents, hard drives
 and digital media? Call us today!**

Invoice Total

\$272.00

Payments / Credits

\$0.00

Balance Due Total

\$272.00



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SHREDPRO
 Reducing Waste, Risk and Cost

IL-2293



Illinois Environmental Protection Agency

This Agency is authorized to require this information under the Illinois Environmental Protection Act, Ill. Rev. Stat., 1989, ch. 111 1/2, pars. 1001 et. seq. ("Act") Section 4 and Public Act 87-752, amending the Act effective January 1, 1992. Disclosure of this information is required. Failure to do so may result in a civil penalty according to Section 42(a) of the Act and a criminal penalty according to Section 44(a) of the Act. This form has been approved by the Forms Management Center.

Illinois Potentially Infectious Medical Waste Manifest

M 20244547

1. **HAULER NAME AND ADDRESS:** HWM - PO Box 1218 8.111.T
 2. PHONE (888) 427 - 5797 Frankfort, IL 60423
 3. PIMW HAULING PERMIT 9058
 4. LICENSE PLATE 312720 STATE IL

5. NAME Tommy Childers SIGNATURE [Signature] DATE 05 / 25 / 2021

6. NUMBER OF CONTAINERS 4 7. TOTAL NET WEIGHT 61 (LBS) (CU. FT.)
 8. FEE DUE: LBS x \$.03 = 9. Acknowledgement of Fee (Signature) TC

Contact: Trisha Sowtzke

College of DuPage

10. **GENERATOR NAME AND ADDRESS:** 425 Fawell Blvd
 11. PHONE () - 630.942.2589 Glen Ellyn, IL 60137-6599
 12. TYPE OF WASTE: ☐ INFECTIOUS SUBSTANCE, AFFECTING HUMANS 6.2 UN2814
☐ INFECTIOUS SUBSTANCE, AFFECTING ANIMALS 6.2 UN2900
☒ REGULATED MEDICAL WASTE, N.O.S., 6.2, UN3291, PGII

Hours: (M-F) 8-430 Email on File: invoicing@cod.edu

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

13. NAME Trisha A Sowatzke on behalf of COD SIGNATURE [Signature] DATE 25 / 2021

14. **DESIGNATED FACILITY NAME AND ADDRESS:** HWM
 15. PHONE (888) 427 - 5797 6602 W 9th Ave
 16. IL FACILITY ID NO. Gary, IN 46406

Christine Frogia Sarah Wojnarowski

17. NAME (PRINT/TYPE) SIGNATURE [Signature] DATE 6 / 26 / 2021

18. **ALTERNATE FACILITY NAME AND ADDRESS:** HWM
 19. PHONE (888) 427 - 5797 8550 Development Ct
 20. IL FACILITY ID NO. Wausau, WI 54401

21. NAME (PRINT/TYPE) SIGNATURE DATE

22. **ADDITIONAL INFORMATION:** Delivered 0 Picked Up 4 31 DRUMS
 Delivered Picked Up
 Delivered Picked Up

23. DISCREPANCIES/CONTINUATION INFORMATION:

Supplies Delivered: Supplies Delivered:

Supplies Delivered:

NOTES: Closed on Fridays during the summer.

Emergency Telephone: 800.424.9300 Customer # 17800

In case of a spill, call Illinois Emergency Management Agency (IEMA) at 800/782-7860
 and the National Response Center at 800/424-8802 or 202/426-2675.

Printed by Authority of
 the State of Illinois
 IISG08-52

COPY 1 - DESIGNATED FACILITY MAIL TO GENERATOR

From: Zerrudo, Maria <zerrudom@cod.edu>
Sent: Wed Jun 16 13:46:25 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Attached Image

[attachment: 0865_001.pdf]