

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1596869  
Vendor Name: Merry X-Ray Chemical Corp  
Invoice Number: 8800762250  
Invoice Date: 05/20/21  
PO Number:  
Check Number: 0282321  
Check Amount: \$ 282.56  
Check Date: 06/22/2021  
Department ID: 00253  
Reviewer Name: Jessica Lang  
Voucher Number: V0683663  
Redaction Type: None  
Document Type: AP Invoice

Document Below

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From: Lang, Jessica <langj@cod.edu>  
Sent: Tue Jun 01 14:34:11 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: Merry X-Ray INV#8800762550 \$282.56  
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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#8800762550 \$282.56 - sent to AP 6.1.21.pdf]

# INVOICE



THE IMAGING  
SOLUTIONS COMPANY

|                           |                          |                |                              |                            |                        |
|---------------------------|--------------------------|----------------|------------------------------|----------------------------|------------------------|
| PURCHASE ORDER<br>3070235 |                          |                | INVOICE/FID<br>8800762250    | INVOICE DATE<br>05/20/2021 | ACCOUNT NO<br>1028992  |
| SALES OFFICE<br>109       | ORDER DATE<br>05/20/2021 | DIVISION<br>20 | PAYMENT TERMS<br>Net 60 Days |                            | DUE DATE<br>07/19/2021 |

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

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

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

**APPROVED**  
**06/08/21 - LISA STOCK**

| QTY | U/M | REFERENCE<br>ITEM NO | DESCRIPTION  | UNIT PRICE | EXTENDED AMT |
|-----|-----|----------------------|--|------------|--------------|
| 1   | AU  | ZFRT20               | <p>Contract Number :<br/>Order Number :<br/>Period :<br/>Service Type :<br/>Original Invoice Date :<br/>Original Billing Ref :<br/>Original Invoice No :</p> <p>FREIGHT - SERVICE ORDER</p> <p>SubTotal: \$282.56<br/>Tax: \$0.00<br/>Total: \$282.56</p> <p><b>Additional Information:</b><br/>Service Order# 4135774<br/># Equipment# Model SN#<br/>1 900017694 AMX-4 46-270954G2<br/>FREIGHT ONLY</p> | \$282.56   | \$282.56     |

**INVOICE REVIEWED**

**OKAY TO PAY**

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE CHARGED FROM THE DATE OF THE INVOICE FOR ALL ACCOUNTS NOT PAID BY THE DATE. 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 RETURNS FOR PROOF OF DELIVERY MUST BE SUBMITTED WITHIN 90 DAYS OF INVOICE DATE.

PAGE: 1 OF 1

\*NOTICE: YOU MAY BE REQUIRED TO REPORT DISCOUNTS ON ITEMS/SERVICES PAID FOR UNDER FEDERAL HEALTH CARE PROGRAM REF. 42 CFR 1.95 (b) (4). Please note new Remit to address\*

REMIT TO:

MXR IMAGING, INC.  
4301 MULPHY CANYON RD STE 120  
SAN DIEGO, CA 92123 USA

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

|                           |                           |                            |                       |                                    |
|---------------------------|---------------------------|----------------------------|-----------------------|------------------------------------|
| PURCHASE ORDER<br>3070235 | INVOICE/FID<br>8800762250 | INVOICE DATE<br>05/20/2021 | ACCOUNT NO<br>1028992 | CUSTOMER NAME<br>COLLEGE OF DUPAGE |
|---------------------------|---------------------------|----------------------------|-----------------------|------------------------------------|

BILLING REF: 90731696

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

AMOUNT PAID

AMOUNT DUE

\$282.56

**From:** [acctpay@cod.edu](mailto:acctpay@cod.edu)  
**To:** [Lang, Jessica](#)  
**Subject:** Voucher Confirmation: V0683663  
**Date:** Tuesday, June 1, 2021 2:32:20 PM

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Voucher Number V0683663  
Voucher Status In Progress (Unfinished)

Requestor Name Ms Jessica M. Lang

Voucher Date 06/01/21  
Due Date 06/01/21  
Vendor ID and/or Name 1596869 Merry X-Ray Chemical Corp  
DBA Merry X-Ray Corp  
AP Type IM Invoices < \$15,000  
Voucher Total \$282.56

ITEM 1  
Item Description Freight  
Quantity 1.000  
Price \$282.5600  
Extended Price \$282.56  
GL Distribution 01-10-00253-5401002  
Tax Info

COMMENTS

APPROVAL

DATE

EX. APPROVALS  
**INVOICE REVIEWED**  
**OKAY TO PAY**  
**JESSICA LANG 06/03/21**