

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1512389

Vendor Name: Premier Ophthalmic Services, I

Invoice Number: INV-88364

Invoice Date: 06/15/21

PO Number: P0374137

Check Number: E0085282

Check Amount: \$ 1,043.00

Check Date: 06/22/2021

Department ID: 00276

Reviewer Name: Jessica Lang

Voucher Number: V0686977

Redaction Type: None

Document Type: AP Invoice

Document Below

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From: Premier Ophthalmic A/R <ar@premierop.com>  
Sent: Tue Jun 15 12:00:56 CDT 2021  
To: invoicing@cod.edu,thomasm90@cod.edu  
CC:  
Subject: [External] Invoice - INV-88364 from Premier Ophthalmic  
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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.

Dear College of DuPage,

Thank you for your business. Please find attached a copy of your invoice.

**Summary:**

Invoice # INV-88364  
Invoice Date: 15 Jun 2021  
Due Date: 15 Jul 2021

**Invoice Total: \$1,126.45**

If you have any questions please don't hesitate to contact us.

Thank you for your business - we appreciate it very much.

Best regards,  
Jinny Grove  
ar@premierop.com

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Premier Ophthalmic  
(800) 597-7152 | [www.Premierop.com](http://www.Premierop.com)

✕

[attachment: INV-88364.pdf]

**Premier Ophthalmic**

22749 Citation Rd  
Frankfort Illinois 60423  
(800) 597-7152 | PremierOp.com

# INVOICE

Invoice# INV-88364

**Balance Due**  
**\$1,126.45**

Bill To  
College of DuPage  
425 Fawell Blvd.  
425 Fawell  
Glen Ellyn, IL 60137

Invoice Date : 15 Jun 2021

Terms : Net 30

Due Date : 15 Jul 2021

Client PO : PO-374137

Ship To  
College of DuPage  
Attn: Mitzi Thomas, HSC 1220  
425 Falwell Blvd.  
Glen Ellyn, IL 60137

Representative : Keith Maslovitz

**APPROVED**  
**06/16/21 - LISA STOCK**

Item & Description	Qty	Rate	Discount	Amount
MA-U-Keratometer Marco Manual Keratometer w/mounting plate and cover 12mo Warranty included SN 17251	1.00	750.00	0.00	750.00
PR-Hertel Hertel Exophthalmometer	1.00	285.00	0.00	285.00
PR-15S11/IF B&L or Reichert Vertometer / Lensmeter Bulb (Frosted) - 120v 15w #15S11/IF	1.00	8.00	0.00	8.00

Sub Total 1,043.00

IL STATE TAX (6.25%): 65.19

IL COUNTY TAX (0.00%): 0.00

IL CITY TAX (1.00%): 10.43

IL SPECIAL TAX (0.75%): 7.83

**Total \$1,126.45**

Payment Made (-) 0.00

Credits Applied (-) 0.00

**\$1,126.45**

**INVOICE REVIEWED**

**OKAY TO PAY**

## Balance Due

### Notes

Thanks for your business.

### Terms & Conditions

Payment is due upon receipt unless otherwise agreed in writing. Freight charges and relevant taxes at the appropriate rate will be applied where applicable.

Pricing offered includes a 3% cash discount and applies to payments made in cash or via check. An additional 3% will be added for payments made by credit card.