

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1089385

Vendor Name: School Health Corp/Sports Heal

Invoice Number: 3656089-00

Invoice Date: 09/21/19

PO Number:

Check Number: E0085291

Check Amount: \$ 2,046.70

Check Date: 06/22/2021

Department ID: 17100

Reviewer Name:

Voucher Number: V0687258

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

College of DuPage - Accounts Payable  
Check Request Form  
revised 1/29/2021

This form may be used to request check payments **only for those items for which the issuance of a purchase order would not be appropriate**. Attach supporting documentation (e.g., invoice or agreement). Please refer to Vendor Payment - Non-Purchase Order Procedure No. 10-65

Date: 6/15/2021  
Vendor ID: 1089385

Invoice Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
3656089-00	01	30	17100	5409004	Athletics: Athletic Trainer Sup	2,046.70
Grand Total						\$ 2,046.70

Check the appropriate box below and sign

- ☒ We, the undersigned, hereby certify that the goods/services for which payment is being requested have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ We, the undersigned, hereby certify that the goods/services for which payment is being requested have not been received. If final approval indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

**AP VERIFIED**  
**06/17/21 - ISABEL BARRIOS**

Payee Name: School Health Other Instructions:

Payee Address: 6764 Eagle Way  
Chicago, IL 60678-1067

Description on Check:

Put invoice number on the check.

Approvals:

Prepared By: Beverly Smith Approved By: Ryan Kaiser Date: 6/15/2021

Signature: Beverly Smith Digitally signed by Beverly Smith Date: 2021.06.15 10:14:41 -0500 Signature: Ryan Kaiser Digitally signed by Ryan Kaiser Date: 2021.06.16 11:30:40 -0500

Payment Due: Approved By: Date:

Board Approved Date: Signature: Approved By Division VP: Date:

Signature:

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), acctpay@cod.edu



We Supply Your Future™

School Health Corporation  
5600 Apollo Drive  
Rolling Meadows, Illinois 60008  
P(866)323-5465 | F(800)235-1305  
schoolhealth.com

\*\*\* DUPLICATE \*\*\* **INVOICE**

AMOUNT DUE	INVOICE DATE	INVOICE NO.
2046.70	09/21/19	3656089-00
P.O. NO.	PAGE #	
366287	1	

Cust #: 241  
Attn: SMITH, BEVERLY  
Ship To: COLLEGE OF DUPAGE  
SHIPPING AND RECEIVING  
425 FAWELL BLVD # 30AM-400PM  
GLEN ELLYN, IL 60137-6708

Bill To: COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6708

Remit To: School Health Corporation  
6764 Eagle Way  
Chicago, IL 60678-1067

INSTRUCTIONS				SHIP POINT		VIA		TERMS	
				SCHOOL HEALTH		FRT CXI		NET 30	
LN	ITEM AND DESCRIPTION	ORDERED	BACKORDERED	SHIPPED	UOM	PRICE	EXTENDED PRICE		
1	1006078 GATORADE PRIME FUEL BAR HONEY OAT 12/CS Lot #: 2020.01 Qty: 7.00 Lot #: 2020.02	15	0	15	CS	13.89	208.35		
2	1006076 GATORADE PRIME FUEL BAR CHOCOLATE CHIP 12/CS Lot #: 2020.02 Qty: 14.00 Lot #: 2020.04	15	0	15	CS	13.89	208.35		
3	1006075 GATORADE PRIME FUEL BAR OATMEAL RAISIN 12/CS Lot #: 2020.02 Qty: 12.00	12	0	12	CS	13.89	166.68		
4	38460 GATORADE 01 CHEWS COOL BLUE 16/BX Lot #: 2020.03 Qty: 13.00	15	2	13	BX	16.86	219.18		
5	38461 GATORADE 01 CHEWS FRUIT PUNCH 16/BX Lot #: 2020.03 Qty: 10.00	10	0	10	BX	16.86	168.60		
6	1003326 GATORADE GREEN APPLE PRIME ENERGY CHEWS Lot #: 2019.12 Qty: 10.00 Lot #: 2020.01	15	4	11	CS	16.86	185.46		
7	1006077 GATORADE 01 CHEWS STRAWBERRY 16/BX Lot #: 2020.02 Qty: 10.00	10	0	10	CS	16.86	168.60		
8	1006074 GATORADE WHEY PROTEIN BAR, PEANUT BUTTER 12/CS Lot #: 2019.11 Qty: 10.00	10	0	10	CS	17.98	179.80		
9	1000024 GATORADE WHEY PROTEIN BAR, COOKIES&CREAM 12/CS Lot #: 2020.01 Qty: 3.00 Lot #: 2020.02	10	0	10	CS	17.98	179.80		
10	1003328 GATORADE PROTEIN BAR MINT CHOCOLATE CRUNCH Lot #: 2019.11 Qty: 9.00	10	1	9	CS	17.98	161.82		
11	1000025 GATORADE WHEY PROTEIN BAR, CHOC CHIP 12/CS Lot #: 2019.12 Qty: 10.00 Tracking #: 2145084	10	0	10	CS	17.98	179.80		

Continued

Cash Discount 0.00 If Paid By 09/21/19



We Supply Your Future™

School Health Corporation  
5600 Apollo Drive  
Rolling Meadows, Illinois 60008  
P(866)323-5465 | F(800)235-1305  
schoolhealth.com

\*\*\* DUPLICATE \*\*\* INVOICE

AMOUNT DUE	INVOICE DATE	INVOICE NO.
2046.70	09/21/19	3656089-00
P.O. NO.		PAGE #
366287		2

Cust #: 241  
Attn: SMITH, BEVERLY  
Ship To: COLLEGE OF DUPAGE  
SHIPPING AND RECEIVING  
425 FAWELL BLVD # 30AM-400PM  
GLEN ELLYN, IL 60137-6708

Bill To: COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6708

Remit To: School Health Corporation  
6764 Eagle Way  
Chicago, IL 60678-1067

INSTRUCTIONS				SHIP POINT		VIA		TERMS	
				SCHOOL HEALTH		FRT CXI		NET 30	
LN	ITEM AND DESCRIPTION			ORDERED	BACKORDERED	SHIPPED	UOM	PRICE	EXTENDED PRICE

11 Lines Total	Qty Shipped Total	125	Subtotal	2026.44
			Freight	20.26
			Invoice Total	2046.70

Tax ID Number: 36-2425385

-----  
From: Barrios, Isabel <barriosi142@cod.edu>  
Sent: Thu Jun 17 11:38:02 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: FW: School Health  
-----

---

**From:** Smith, Beverly <smithb244@cod.edu>  
**Sent:** Wednesday, June 16, 2021 11:42 AM  
**To:** Barrios, Isabel <barriosi142@cod.edu>  
**Cc:** Kaiser, Ryan <kaiserr2964@cod.edu>  
**Subject:** FW: School Health

Attached is the check request for School Health.

*Beverly Smith*  
Administrative Assistant  
Athletics and Recreational Programs  
College of DuPage  
(630) 942-4242  
(630) 942-3601 fax  
[Smithb244@cod.edu](mailto:Smithb244@cod.edu)

**From:** Smith, Beverly <[smithb244@cod.edu](mailto:smithb244@cod.edu)>  
**Sent:** Wednesday, June 16, 2021 11:39 AM  
**To:** Smith, Beverly <[smithb244@cod.edu](mailto:smithb244@cod.edu)>  
**Subject:** Attached Image

[attachment: 0327\_001.pdf]