

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1494057

Vendor Name: Castle Branch, Inc

Invoice Number: 0829034-IN

Invoice Date: 2/17/2022

PO Number:

Check Number: 0297235

Check Amount: \$ 84.50

Check Date: 03/15/2022

Voucher Number: V0732330

Document Type: AP Invoice

Document Below

Castle Branch, Inc.
1844 Sir Tyler Drive
Wilmington, NC 28405



CastleBranch

Page: 1

General inquiries please call (888) 723-4263 Ext. 7309
Pay Online at www.CastleBranch.com and select "Pay Bill" at the bottom of the page
Pay by phone and balance inquiries: (910) 447-8051
Billing office hours are Monday - Friday, 8:00 am until 5:00 pm EST.

COLLEGE OF DUPAGE
NURSING FACULTY
425 FAWELL BLVD
HSC 1210
GLEN ELLYN, IL 60137

ATTN: JEFF HELLER

Invoice Number: 0829034-IN
Invoice Date: 2/17/2022
Customer Number: 01-OJ34
Customer P.O.:
Date Due: March 04, 2022

EMPLOYMENT SCREENING - OJ34
DRUG SCREENING

52.50
32.00

GL# 01-10-00225-5308001

Please Note: Accounts with past-due balances are subject for suspension.
There is a \$25.00 fee for returned checks.

INVOICE TOTAL: 84.50

Statement of Account

<u>0 - 30 Days</u>	<u>31 - 60 Days</u> <u>Past Due</u>	<u>61 - 90 Days</u> <u>Past Due</u>	<u>91 - 120 Days</u> <u>Past Due</u>	<u>Over 120 Days</u> <u>Past Due</u>	<u>Total Account Balance as of</u> <u>2/17/2022</u>
49.50	192.50	0.00	0.00	0.00	326.50

TEAR HERE

Please return this portion of your invoice with your payment. Thank you!

Please write your Customer Number and Invoice Number(s) on the bottom of your check to ensure your payment is applied properly.

Amount Remitted: \$ _____

- ☐ Check or money order (make payable to **Castle Branch**)
☐ Credit Card (American Express, Visa, MasterCard, or Discover)

PLEASE REMIT ALL PAYMENTS TO:

Castle Branch, Inc.
1844 Sir Tyler Drive
Wilmington, NC 28405
Attn: Account Receivables

Name on card: _____

Card # _____ Exp. ____/____

Billing Zip Code: _____

Signature _____

0829034-IN 01-OJ34 84.50 COLLEGE OF DUPAGE

College of DuPage - Nursing Faculty		CAC: OJ34	Access:	Acct No:01-OJ34	2022-02-14
Dile, Ashlie Jane		***-**-3125	Special ID:		
Ordered by Student - Applicant on 02-11-2022 16:12:36					
OJ34im					17.50
Medical Document Manager					
Total:					17.50
Gawron, Barbara		***-**-8818	Special ID:		
Ordered by Student - Applicant on 01-24-2022 14:37:36					
OJ34im					17.50
Medical Document Manager					
Total:					17.50
James, Meenu		***-**-8639	Special ID:		
Ordered by Student - Applicant on 02-13-2022 14:56:49					
OJ34im					17.50
Medical Document Manager					
Total:					17.50
Total For Orders:					52.50
Total:					52.50

Attention:

College of DuPage - Nursing Faculty

Billing Period: Through 02/14/2022

Invoice_Date	CAC	Account_Code	Payment_Terms	TOTAL_DUE
02/15/2022	OJ34	01-OJ34		\$32.00

Date	Description	D/A	Details	Qty	Unit	Amount
1/26/2022	Other	D	Barbara Gawron	1.00		\$32.00

"Heller, Jeffrey" <hellerj704@cod.edu>

Invoice from CastleBranch

"Heller, Jeffrey" <hellerj704@cod.edu>

Wed, Mar 2, 2022 at 01:46 PM GMT

CC:

BCC:

Hi!

I have attached an invoice from CastleBranch.

If you have any questions or need more information, please do not hesitate to contact me.

Best wishes,

Jeff

Jeff Heller

Program Support Specialist-Associate Degree Nursing (ADN)

Nursing and Health Sciences Division

College of DuPage

425 Fawell Boulevard

Glen Ellyn, IL 60137

Phone: (630)-942-2617

Fax: (630) 942-4222

Email: hellerj704@cod.edu

Website: <https://www.cod.edu/academics/programs/nursing/index.aspx>

1 attachment

CastleBranch Invoice 2.17.22.pdf