

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083268
Vendor Name: Carlisle
Invoice Number: 05232022
Invoice Date: 5/23/2022
PO Number:
Check Number: 0299553
Check Amount: \$ 440.00
Check Date: 06/07/2022
Voucher Number: V0739680
Document Type: AP Invoice

Document Below

VENDOR # 1083268



GL# 01-10-00253-5308001

435 East Butterfield Rd.
Lombard, Illinois 60148
(630) 960-0210
(630) 960-0241 F.

INVOICE**Client**

Name COD Dept. of Radiology
Address 425 Fawell Blvd
City Glen Ellyn, State IL Zip 60137
Phone 630-942-2434

Event Information

Salon(s) Butterfield
Day Thursday
Date 5-19-22
Time 6:00pm
Coordinator Laura

Final Counts	Meal Description(s)	Per Person Price	TOTAL
115	Combo Plate	\$30.00	\$ 3,450.00
5	Veggie Plate	\$26.00	\$ 130.00
9	Vegetarian Lasagna	\$28.00	\$ 252.00
6	Chicken Tenders	\$25.00	\$ 150.00
1	Kids Pasta	\$25.00	\$ 25.00
136	Hors d'oeuvres	\$6.00	\$ 816.00
			\$ -
			\$ -
			\$ -
			\$ 4,823.00
2	Bartender charge	\$120.00	\$ -
			\$ 240.00
			\$ -
			\$ -
			\$ -
	NONTAXABLE ITEMS SUB-TOTAL		\$ 240.00
			\$ -
			\$ -
			\$ -
			\$ -
	NONTAXABLE NONSERVICE ITEMS SUB-TOTAL		\$ -
			\$ -
		SubTotal	\$ 5,063.00
		Tax Rate(s)	\$ -
		Service Charge 18.00%	\$ 911.34
		TOTAL	\$ 5,974.34
		(Less Deposit)	\$500.00
		(Paid on account)	\$5,034.34

Prepared By:**Final Payment**

FINAL PAYMENT IS DUE

BALANCE DUE

\$ 440.00

Final payment is due in the form of cash, cashier's check, or corporate check. Payments in the form of a cashier's or corporate check can be mailed to
435 East Butterfield Road, Lombard, Illinois 60148.

"Gonzalez, Colleen" <prolac@cod.edu>

to be processed - Carlisle invoice

"Gonzalez, Colleen" <prolac@cod.edu>

Mon, May 23, 2022 at 03:37 AM GMT

CC:

BCC:

Thank you!

Colleen Prola-Gonzalez

Program Support Specialist, Health Sciences

College of DuPage 425 Fawell Blvd Glen Ellyn, IL 60137

prolac@cod.edu 630-942-2994 (ph) 630-942-4222 (fax)

1 attachment

Carlisle \$440 sent AP 5.23.22.pdf