

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1494057
Vendor Name: Castle Branch, Inc
Invoice Number: 0851653-IN
Invoice Date: 6/27/2022
PO Number:
Check Number: 0301634
Check Amount: \$ 32.00
Check Date: 08/16/2022
Voucher Number: V0747665
Document Type: AP Invoice

Document Below

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



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

FY 22

GL# 01-10-0025-5308001

Invoice Number: 0851653-IN

Invoice Date: 6/27/2022

Customer Number: 01-OJ34

Customer P.O.:

Date Due: July 12, 2022

DRUG SCREENING

32.00

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

INVOICE TOTAL: 32.00

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>
0.00	0.00	0.00	0.00	0.00

<u>Total Account Balance as of</u> <u>6/27/2022</u> 32.00

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)

Name on card: _____

Card # _____ Exp. ____/____

Billing Zip Code: _____

Signature: _____

PLEASE REMIT ALL PAYMENTS TO:

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

0851653-IN

01-OJ34

32.00

COLLEGE OF DUPAGE

Attention:

College of DuPage - Nursing Faculty

Billing Period: Through 06/14/2022

Invoice Date	CAC	Account Code	Payment Terms	TOTAL DUE
06/15/2022	OJ34	01-OJ34		\$32.00

Date	Description	D/A		Qty	Unit	Amount
6/08/2022	Other	D		1.00		\$32.00

"Lang, Jessica" <langj@cod.edu>

CastleBranch INV#0851653-IN \$32.00

"Lang, Jessica" <langj@cod.edu>

Mon, Jul 11, 2022 at 04:03 PM GMT

CC:

BCC:

FY 22 GL#: 01-10-00225-5308001

Thank you,

Jessica Lang

Program Support Specialist, 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

1 attachment

CastleBranch INV#0851653-IN \$32.00 - sent to AP 7.11.22.pdf