

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1512676  
Vendor Name: Sue Franzen  
Invoice Number: BE35001924A  
Invoice Date: 3/29/2023  
PO Number: P0006373  
Check Number: E0094579  
Check Amount: \$ 450.00  
Check Date: 04/05/2023  
Voucher Number: V0780367  
Document Type: AP Invoice

Document Below



# Original Bill

## Proforma Premiums

Telephone: 630-844-3147

Email: [sue.franzen@proforma.com](mailto:sue.franzen@proforma.com)

Bill Number BE35001924A

Bill Date 3/29/2023

Due Date 5/27/2023

Terms Net 60

Sales Order SE35001924

Sales Person Sue Franzen

## Sold To

Barb Stamets  
College of DuPage  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
Phone: 630-942-4209  
[stametsb@cod.edu](mailto:stametsb@cod.edu)

## Shipped To

College of Dupage  
Barb Stamets  
Rec #P0006373  
425 Fawell Blvd.  
Glen Ellyn, IL 60137

**Customer PO: P0006373**

**Customer Reference: Round Massage Ball**

Item #	Item Description	QTY Billed	QTY Ordered	Back Order	Unit Price	Per	Credit	Amount
Massage Ball	Round Massage Ball Blue One color imprint in white  Imprint area: 3/4" diameter	100	100	0	3.7500	Each	-	\$375.00
set-up	set-up charge	1	1	0	55.0000	Each	-	\$55.00
Line-Item Total	Freight Amount	Tax Amount	Sub Total	Deposits	Credits/Discounts	Amount Due:		
\$430.00	\$20.00	-	\$450.00	-	-	<b>\$450.00 USD</b>		

Bills that are paid beyond terms will be adjusted to reflect current retail prices in addition to a 1.5% per month (18% per annum) service charge. Vendor makes no warranties, express or implied, on merchantability, fitness or otherwise which extend beyond the description of the product herein. Furthermore, buyer agrees through payment of this bill that Vendor's damages, if any, shall be limited to the total selling price of any item purchased.

Please indicate on your remittance the bill numbers to which the payment is to be applied.

**Thank you for your business!**

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*Please detach this portion and return with your payment.*

## Remittance Advice

Billed Customer #	Bill Number	Bill Date	Amount Due
C0E3500193	BE35001924A	3/29/2023	\$450.00 USD

## BILL TO:

College of Dupage  
Barb Stamets  
425 Fawell Blvd.  
Glen Ellyn, IL 60137

## PLEASE SEND PAYMENT TO:

Proforma  
P.O. Box 640814  
Cincinnati, OH 45264-0814

Sue Franzen <sue.franzen@proforma.com>

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**[External] Purchase Order P0006373 - Bill #BE35001924A from Proforma Premiums**

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Sue Franzen <sue.franzen@proforma.com>

Wed, Mar 29, 2023 at 03:10 PM UTC

CC:

BCC:

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.

Attached are the following bill(s):

BE35001924A | 450.00 USD | 03/29/2023 | PO #: P0006373

Please let me know if you have any questions or need additional information.

Thank you very much for your business!

**Sue Franzen**

Owner

(630) 844-3147

Proforma Premiums

<http://www.proforma.com/premiums>

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**1 attachment**

Customer Bill BE35001924A.pdf