

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1692863
Vendor Name: Hill-Rom Company Inc
Invoice Number: 1695100
Invoice Date: 6/14/2023
PO Number: P0007574
Check Number: E0095941
Check Amount: \$ 10,762.00
Check Date: 06/28/2023
Voucher Number: V0791192
Document Type: AP Invoice

Document Below



Hillrom™

Original Invoice

Invoice No: 1695100		Your P.O.: P0007574		Invoice Date: 06/14/2023	
Hill-Rom Order No.: SO 34898727		Payment Terms: NET 30 DAYS		Due Date: 07/14/2023	
COLLEGE OF DUPAGE Attn: Accounts Payable 425 FAWELL BLVD GLEN ELLYN IL 60137 Sold To Customer: 832517			COLLEGE OF DUPAGE 425 FAWELL BLVD ATTN BARB COE GLEN ELLYN IL 60137 Ship To Customer: 832517		
Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
1.000	1.00	VOLARASYSTEM	VOLARA SYSTEM AND STAND ***** Itemized Options: PVL1CAP Volara System *****	\$10,762.00	\$10,762.00
1.001	1.00	M08573	VOLARA, AC,NA		
1.002	1.00	208873	OPT, MASTER CORRUGATED BOX 1		
1.003	1.00	208871	PC, OPT, CORRUGATED BOX 1		
1.004	2.00	M08473	OPTIMUS OLE AC PAT.CIRCUIT KIT		
1.005	1.00	M08177	OPTIMUS CART_SP PKGED		
			SP# 34518678 Tracking Number: 1ZY1X5020374841130, NO MODE SELECTED 1ZY1X5020375549722, NO MODE SELECTED		
Sub Total:					\$10,762.00
Interest Note: All past due invoices are subject to 1.5% per month late charge.				Total Order	\$10,762.00
Please Remit Payment To: Hill-Rom Company, Inc. PO Box 643592 Pittsburgh, PA 15264-3592 Federal Tax ID# 35-1538921			Please send Correspondence To Hill-Rom 1069 State Route 46 East - Mail Code - J36 Batesville, IN 47006 Attn: Credit Inquiry Specialist Phone: 800-445-3730		
Wire Payment Instructions: PNC Bank Account Number: 4006901617 ABA Routing Number: 041000124 Remit to: globalcashremittances@hillrom.com Please reference your invoice number			Safe Harbor: <small>Safe Harbor: The pricing for items and services provided hereunder may involve a discount, rebate, provision of no-charge product, or other reduction in price under 42 U.S.C. § 1320a-7b(b) and regulation issued thereunder. Prices reflected herein may not reflect rebates upon which the parties have agreed and noted in the terms of the contract. You may receive subsequent documentation under some programs reflecting adjustments or allocations to the prices specified herein. The value of any item listed as \$0.00 on any invoice may constitute a discount. You are hereby advised that you are obligated to fully and accurately disclose the amount of any such discounts, rebates, provision of no-charge product or other price reductions in cost reports or Claims-Submitted for reimbursement by you to Medicare, Medicaid, or health care program requiring such disclosure, and provide such documentation to the Secretary of the Department of Health and Human Services and state agencies upon request. 42 C.F.R. § 1001.952(11)</small>		

"Zerrudo, Marivic" <zerrudom@cod.edu>

Attached Image

"Zerrudo, Marivic" <zerrudom@cod.edu>

Thu, Jun 22, 2023 at 07:18 PM UTC

CC:

BCC:

1 attachment

4227_001.pdf