

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089594
Vendor Name: West Suburban Chamber of
Invoice Number: 47221615
Invoice Date: 1/6/2025
PO Number: P0015228
Check Number: 0333707
Check Amount: \$ 540.00
Check Date: 01/14/2025
Voucher Number: V0865076
Document Type: AP Invoice

Document Below



West Suburban Chamber of Commerce & Industry
P.O. Box 187
La Grange, IL 60525
(708) 387-7550 | fax: (708) 387-7556
membership@wscci.org

Invoice

Invoice Date: 1/6/2025
Invoice Number: 47221615

College of DuPage
Joan Dipiero
425 Fawell Boulevard
BIC 1645A
Glen Ellyn, IL 60137

P0015228

Terms	Due Date
Due on receipt	1/6/2025

Description	Quantity	Rate	Amount
1.2 Membership - Premium	1	\$540.00	\$540.00
Subtotal:			\$540.00
Tax:			\$0.00
Total:			\$540.00
Payment/Credit Applied:			\$0.00
Balance:			\$540.00

Login to your Member Center to pay online.

- Go to <http://wscci.chambermaster.com/login> to login or retrieve forgotten login credentials.
Or create your login account for the first time at this registration page:
<https://wscci.chambermaster.com/CreateAccount?ccid=7795&email=dipieroj@cod.edu&repID=12332>.
- Pay online, check out your additional Member Benefits, update your member page and contact information.

Thank you for your support of the **West Suburban Chamber of Commerce & Industry**

Please return this portion with your payment.

Member Name: College of DuPage

Invoice #: 47221615

Payment Amount: \$_____

Payment Method: ☐ Check # _____ ☐ Credit Card

Make all checks payable to **West Suburban Chamber of Commerce & Industry** or enter credit card information below.

Enter Credit Card Billing Address (inc. zip code)

Address _____

City/State/Zip _____

Credit Card #: _____ Exp. Date: _____ CVV Code _____

Name on Card: _____ Signature: _____

"Mitchell, Barbara" <mitchell@cod.edu>

West Suburban Chamber of Commerce

"Mitchell, Barbara" <mitchell@cod.edu>

Mon, Jan 6, 2025 at 06:11 PM UTC

CC:

BCC:

1 attachment

West Suburban Membership Invoice.pdf