

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1293114
Vendor Name: Fortune Fish Company
Invoice Number: 575108-111324
Invoice Date: 11/13/2024
PO Number: B0002213
Check Number: E0104933
Check Amount: \$ 448.88
Check Date: 01/06/2025
Voucher Number: V0864288
Document Type: AP Invoice

Document Below

FORTUNE FISH & GOURMET

THE SEAFOOD & GOURMET SPECIALISTS

Ph: (630) 860-7100 Fax: (630) 860-740

INVOICE

Schedule your payment below via the QR code or this link: <mailto:info@fortuneandgourmet.com>



INVOICE DATE	INVOICE NO	PAGE
11/13/24	575108-111324	1
PLEASE REMIT TO:		
Lockbox 235263 PO Box 85263 Chicago, IL 60689-5263		

TO College of Dupage
425 Fawell Blvd
Glen Ellyn, IL 60137

TO College of Dupage
425 Fawell Blvd
Glen Ellyn, IL 60137

TEL: (630) 942-2868 FAX:

TEL: (630) 942-2868

ORDER #	CUSTOMER #	SLS#	ROUTE	PRINTED	WHSE	PURCHASE ORDER		TERMS	
100716	COLL10	JL	IL30	12/24 12:14:33	FORT	BO002213		NET 30 DAYS	
QTY SHIPPED		ITEM NUMBER		ITEM DESCRIPTION			UNIT PRICE	UNIT	AMOUNT
1.00 CS		Y2500171		LQ Prosciutto Sliced 12/2oz **Berkshire 4219 Americano			76.49	CS	76.49
1.00 CS		H0312605		Snack Stick MAPLE 20 stick/box **Big Fork #903 - 4 box/case			115.75	CS	115.75
16.00 LB		84010540		Veal Demi 16 LB Tub Culinarte **ITEM # 437240			8.99	LB	143.84
5.50 LB		96200200		Farm Striped Bass Whl Sushi **2-3 LB Product Origin: United States of America (the)			6.30	LB	34.65
1.00 CS		U5000820		Pecan Halves, Raw 5lb **N15B			73.15	CS	73.15
				Global Fuel Surcharge			5.00		
				Total Boxes: 0 Total Weight:			34.23		
TO ENSURE PROPER CREDIT TO YOUR ACCOUNT, PLEASE INDICATE OUR INVOICE NUMBER ON YOUR REMITTANCE. A SERVICE CHARGE OF 1.5% PER MONTH (18% PER YEAR) WILL BE ADDED TO PAST DUE ACCOUNTS.				THE BELOW SIGNED ENSURES THAT ALL PARASITIC FISH SPECIES PURCHASED AND RECEIVED WILL BE PROCESSED IN A WAY THAT WILL KILL ALL POSSIBLE PARASITES. YELLOWFIN/AHI TUNA AND FARM-RAISED SPECIES ARE EXEMPT FROM PARASITE DESTRUCTION AS INDICATED IN US FOOD CODE 3-402.11B MSC-C50755 SHELLFISH: IL41SS				TAX OTHER BALANCE	
								5.00 448.88	

Signature _____

ALL CLAIMS MUST BE MADE WITHIN 24 HOURS

OFFICE COPY

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