

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1644076
Vendor Name: Premier Ophthalmic Services Inc
Invoice Number: INV-136583
Invoice Date: 12/18/2024
PO Number: P0014851
Check Number: E0104952
Check Amount: \$ 32.00
Check Date: 01/06/2025
Voucher Number: V0864232
Document Type: AP Invoice

Document Below

Premier Ophthalmic
22749 Citation Rd
Frankfort, Illinois 60423
(800) 597.7152 | PremierOp.com

INVOICE
Invoice# INV-136583

Balance Due
\$32.00

Bill To
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137 U.S.A

Invoice Date : 18 Dec 2024
Terms : Net 30
Due Date : 17 Jan 2025
Client PO : P0014851
Representative : Andrew Huelzman

Ship To
College of DuPage
425 FAWELL BLVD
ATTN; Mitzi Thomas HSC 1220
GLEN ELLYN, IL 60137-6708

Item & Description	Qty	Rate	Amount
SN-YA-06 LM-25 Bulb	2	9.00	18.00
Shipping Shipping, Handling & Insurance.	1	14.00	14.00
Sub Total			32.00
Total			\$32.00
Payment Made			(-) 0.00
Credits Applied			(-) 0.00
Balance Due			\$32.00

Notes
Thanks for your business.

Terms & Conditions
Payment is due upon receipt unless otherwise agreed in writing. Freight charges and relevant taxes at the appropriate rate will be applied where applicable.
Pricing offered includes a 3% cash discount and applies to payments made in cash or via check. An additional 3% will be added for

payments made by credit card.

[External] Invoice - INV-136583 from Premier Ophthalmic - Pay Online

Premier Ophthalmic A/R <ar@premierop.com>

Wed, Dec 18, 2024 at 10:24 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.

Dear College of DuPage,

Thank you for your business. Please find attached invoice INV-136583

[Click here to pay online now.](#)

- Note: **Zip Code must match the billing card**

Summary:

Invoice # INV-136583

Invoice Date: 18 Dec 2024

Due Date: 17 Jan 2025

Invoice Total: \$32.00

[Pay Balance Online Now](#)

- Note: **Zip Code must match the billing card**

If you have any questions please don't hesitate to contact us.

Premier Ophthalmic

Accounts Receivable

e: ar@PremierOp.com

p: (972) 497-3041 ext. 2914

a: 22749 Citation Road, Frankfort, IL 60423

w: PremierOp.com



1 attachment

INV-136583.pdf

