

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1298946
Vendor Name: 4IMPRINT, Inc.
Invoice Number: 13380385
Invoice Date: 1/2/2025
PO Number: P0015143
Check Number: E0105038
Check Amount: \$ 286.05
Check Date: 01/14/2025
Voucher Number: V0864546
Document Type: AP Invoice

Document Below



101 Commerce St
PO Box 320
Oshkosh, WI 54901

www.4imprint.com

877-446-7746

800-355-5043

ACCOUNTS PAYABLE DEPT - SRC2049
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

Shipping Address

Mary Andersen P0015143
College of DuPage
425 FAWELL BLVD
SRC 2102
GLEN ELLYN, IL 60137-6708
USA
Tel: 6309422238

Invoice Number 13380385

Invoice Date January 02, 2025

Reference No P0015143

Account No. 554894

Account Rep. Rebecca Mallard

Our Order No. 28626239

| Item | | Microfiber Screen Cleaner Spray | Colors | (Case, Microfiber Cloth): Black, Gray | | |
|------|---------------|---------------------------------|---------|---------------------------------------|----------|--|
| Qty | Item # | Description | Unit \$ | Price \$ | Total \$ | |
| 100 | 131591 | Microfiber Screen Cleaner Spray | 2.3500 | 235.00 | 235.00 | |
| 1 | Set-Up Charge | Set-Up Charge | 40.0000 | 40.00 | 40.00 | |
| | | Freight | | 11.05 | 11.05 | |
| | | | | | 286.05 | |

Total Net 286.05

Total Tax 0.00

Grand Total 286.05

Total Due 286.05

Please ensure that payment is received by Feb 01 2025.

Thank You! We appreciate your business.

Any overruns you may have received are yours with our compliments.

- To ensure proper credit to your account, please quote "13380385/554894" on your check or remittance.
- If you are not satisfied with your order, please call 1-800-300-0764. All claims must be made within 5 days of receipt.
- Any questions regarding your invoice? Please call 1-800-982-8979. Our terms are Net 30.
- Please make checks payable to 4imprint, Inc.

4imprint Federal ID #39-1837105, GSA Contract # GS-07F-9626S. A Late Payment Charge based on maximum annual percentage allowed by your state law will be applied to this balance owed under this invoice when the invoice becomes past due. The purchaser agrees to pay all of the company's reasonable attorney's fees and any collection agency fees incurred in the collection of any amount owed hereunder and not paid when due. Purchaser agrees to pay any sales or use tax. No credit will be issued for returned merchandise without our consent. This invoice is a conditional acceptance by the seller of the buyer's offer to purchase seller's goods. It may contain terms which differ from or add to those contained in the buyer's purchase order, and to the extent that this is the case, the seller hereby expressly conditions its acceptance of the buyer's offer on the buyer's assent to the additional or different terms. The buyer's receipt and retention of the goods covered by this invoice constitutes acceptance of any such additional or different terms. The buyer and seller agree that any contract hereby entered into has been made and is to be construed according to our State Law.

To Pay Your Invoice Online Please Visit:

www.4imprint.com/payinvoice

To Remit By Check:

4imprint, Inc.

25303 Network Place

Chicago, IL 60673-1253

Christina Kasper <ckasper@4imprint.com>

[External] 4imprint:RE: Invoice 13380385

Christina Kasper <ckasper@4imprint.com>

Mon, Jan 6, 2025 at 08:36 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.

Hello,

Attached you will find the most recent invoice billed to your account with 4imprint. If there is any additional paperwork I can provide you with, please call or email.

Your continued business is appreciated!

Christina Kasper, Accounting Customer Care Associate

ckasper@4Imprint.com

Fax:800-355-5043

www.4imprint.com

1 attachment

Invoice_13380385.pdf