

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1453308

**Vendor Name:** Alliance Paper and Food Service Inc.

**Check Details:**

**Check Number:** 0340396

**Check Amount:** \$ 394.90

**Check Date:** 6/24/2025

**Invoice Details:**

**Invoice Number:** 1209534-00

**Invoice Date:** 6/16/2025

**PO Number:** B0002525

**Voucher Number:** V0891211

**Document Type:** AP Invoice

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**Document Below**



11058 West Addison Street  
Franklin Park, IL 60131  
(347) 349-1500  
www.AlliancePFS.com

Emergency Phone Number:  
(INFOTRAC) 800-535-5053 ACCT: 89390

INVOICE

Remit To: 11058 W. Addison St.  
Franklin Park, IL 60131

Customer #	Invoice Date	Invoice #
21803	06/16/25	1209534-00
Tax ID	PO #	Page #
E99973391		1 of 1
Entered By	Instructions	
Connor		

**\*\* Ask About Our PPE Products!! \*\***

Bill To: COD LIBERAL ARTS  
425 FAWELL BLVD  
MAC 201  
GLEN ELLYN, IL 60137  
  
Contact #: (630)942-2056

Ship To: COD LIBERAL ARTS  
425 FAWELL BLVD  
MAC 201  
GLEN ELLYN, IL 60137

Terms		Ship Point		Ship Via		Shipped		
NET 30		Alliance Paper and Foodservice		OUR TRUCK		06/16/25		
Line #	Product And Description	Quantity Ordered	Quantity B/O	Quantity Shipped	Qty U/M	Unit Price	Ext. Price	T x
1	680600 CREAMER CoffeMate Liq 3/8oz 4/50ct 372368	3	0	3	CS	26.00	78.00	X
2	CG-62205 PACKET Sugar 1/10thoz 2M 403509	1	0	1	CS	23.34	23.34	X
3	SOTP9R CUP Plas Clr PET 9oz Sq 20/50ct	1	0	1	CS	59.81	59.81	N
4	SOTP10D CUP Plas Clr PET 10oz 20/50ct	1	0	1	CS	70.83	70.83	N
5	SOTP16D CUP Plas Clr PET 16oz 20/50ct	2	0	2	CS	81.46	162.92	N

5 Lines Total	Total Weight: 148.70	Total Cubic Volume: 12.31	Total Units	8	Total	394.90
					Amount Due	394.90

B0002525  
05-60-11301-5408001  
67 Foods/general  
NONE

Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_

A LATE PAYMENT FEE OF 1.5% PER MONTH WILL BE APPLIED TO ALL INVOICES NOT PAID WITHIN THE TERMS OF SALE. NO RETURNS, REFUNDS, STORE CREDIT OR EXCHANGES ON SPECIAL ORDER, RED TAG OR CLOSEOUT ITEMS. CREDIT ON RETURNED MERCHANDISE WILL ONLY BE GIVEN IF ACCOMPANIED BY THE INVOICE ON WHICH THE ITEM WAS PURCHASED & BY A RETURN AUTHORIZATION FORM. NO ITEM ACCEPTED AFTER 30 DAYS FROM INVOICE PURCHASE DATE. A 20% RESTOCKING FEE & FREIGHT WILL APPLY ON ALL RETURNED MERCHANDISE.

Customer Copy

... Last Page

"Sharbaugh, Linda" <sharbaughl@cod.edu>

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**Alliance Inv 1209534-00 \$394.90**

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"Sharbaugh, Linda" <sharbaughl@cod.edu>

Wed, Jun 18, 2025 at 04:54 PM UTC

CC:

BCC:

For processing. Thank you!

**Linda Sharbaugh**

McAninch Arts Center, College of DuPage

sharbaughl@cod.edu | 630-942-3009

pronouns: she/her

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**1 attachment**

Alliance inv 1209534-00 \$394.90 6-18-25.pdf