

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1083605

Vendor Name: Cardinal Health

Invoice Number: 8001473833

Invoice Date: 11/11/17

PO Number: B0353416

Check Number: 0229886

Check Amount: \$ 658.31

Check Date: 01/17/2018

Department ID: 00221

Reviewer Name:

Voucher Number: V0491056

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

INVOICE 8001473833

REMIT TO

Cardinal Health 414, LLC
Nuclear Pharmacy Services
P.O. BOX 70609
Chicago, IL 60673-0609

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PAYER

Payer # 4000017245
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137

SHIP TO

Ship-to # 2100006662
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL
60137-6708

BILL TO

Bill-to # 3000051356
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137

SHIP-TO #	SHIP-TO NAME	PO #	INVOICE PERIOD	DUE DATE
2100006662	COLLEGE OF DUPAGE		10/01/2017-10/07/2017	11/11/2017

Please DO NOT change your payment 'remit to' address without prior written notification from Cardinal Health. For assistance, please contact Cardinal Health's Central Billing department at: 1-866-219-4427 or email Nuclear-Invoicing-Inquiries@cardinalhealth.com

QTY	DESCRIPTION	PRODUCT #	USAGE	UNIT PRICE	AMOUNT
200.00 mCi	Tc-99m NaTcO4 MD	102983	012	2.05	410.00
1.00 ea	Weekday Delivery 1	199001			244.31
	Fuel Surcharge	199001			4.00
Sub Total					658.31
Tax					0.00
INVOICE TOTAL					\$ 658.31 USD

DO# 3534116

AP VERIFIED
01/10/18 - MARIA ZERRUDO

M. Ahmad Chaudhry 1/9/18
Dr. M. Ahmad Chaudhry
01-10-00221-5401008

Customer payment Due Date is displayed above. A service charge of 1.5% (or the maximum rate permitted by law, if less) applies on any amount not paid when due. If this invoice reflects any discounted prices, credits or rebates or if price reductions are subsequently earned and paid with respect to the products or services described herein, then federal law may require disclosure of the price reduction on your claim or cost reports to Medicare or Medicaid Reimbursement under 42 U.S.C. 1320(a)-7b(b)(3)(A).

Confidential

**CardinalHealth****INVOICE 8001473833**

Itemized Billing List for period ending 10/07/2017

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Ship To #: 2100006662

Ship To Name: COLLEGE OF DUPAGE

Orders without PO

Rx #	Date	Description	Product #	Usage	Qty	Acty	Price	Tax	Patient Name
459238	10/03/17	Tc-99m NaTcO4 MD	102983	012-As Licensed	200.00	mCi	410.00		Per Physician

Sales Total for Orders without PO

\$ 410.00

Total Sales \$ 410.00 USD

Total Tax \$ 0.00 USD

Invoice Period Total \$ 410.00 USD

All information included in this invoice is Confidential and may include Protected Health Information ("PHI"). The recipient is responsible for protecting all PHI as required under applicable federal and state privacy and security laws, including the Health Insurance Portability and Accountability Act ("HIPAA") and HITECH Act.

**CardinalHealth****INVOICE 8001473833**

Delivery Charges for period ending 10/07/2017

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Ship To #: 2100006662

Ship To Name: COLLEGE OF DUPAGE

Customer: COLLEGE OF DUPAGE

Delivery Date / Time	Charge	Tax	Description
10/03/2017 08:58:00 CT	244.31	0.00	Weekday Delivery 1
10/03/2017 08:58:00 CT	4.00	0.00	Fuel Surcharge