

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087310

Vendor Name: Omnigraphics Inc.

Invoice Number: 10261535-7481

Invoice Date: 12/07/17

PO Number:

Check Number: 0230114

Check Amount: \$ 141.55

Check Date: 01/17/2018

Department ID: 15240

Reviewer Name:

Voucher Number: V0489594

Redaction Type: None

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

Document Below

Miller, Larisa

From: acctpay@cod.edu
Sent: Tuesday, December 12, 2017 2:21 PM
To: Miller, Larisa
Subject: Voucher Confirmation: V0489594

Voucher Number V0489594
Voucher Status In Progress (Unfinished)

Requestor Name Ms Larisa L. Miller

AP VERIFIED
12/15/17 - LORI WILLIAMSON

Voucher Date 12/12/17
Due Date 12/12/17
Vendor ID and/or Name 1087310 Omnigraphics Inc.
AP Type IM Invoices < \$15,000
Voucher Total \$141.55

ITEM 1

Item Description Book - Anxiety Disorders
Quantity 1.000
Price \$76.5000
Extended Price \$76.50
GL Distribution 01-20-15240-5405001

ITEM 2

Item Description Shipping
Quantity 1.000
Price \$5.3500
Extended Price \$5.35
GL Distribution 01-20-15240-5405001

ITEM 3

Item Description Book - Stress Info For Teens
Quantity 1.000
Price \$55.8000
Extended Price \$55.80
GL Distribution 01-20-15240-5405001

ITEM 4

Item Description Shipping
Quantity 1.000
Price \$3.9000
Extended Price \$3.90
GL Distribution 01-20-15240-5405001

COMMENTS

2nd invoice # is 10104988-7481

APPROVAL

DATE

Jessie M. L. Torres
12/14/17



Invoice Number : 10104988-7481

Invoice Date : 12/07/17

Amount Due \$59.70

Amount Enclosed

☐ Bill my credit card ☐ Check or MO enclosed

☐ Visa ☐ Mastercard

Credit Card Number

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Exp. Date _____

Signature Required for Credit Card Payment

[illegible]

Shipped to:

Shipping and Handling : \$3.90

Total Tax : \$0.00

Total Amount Due : \$59.70

Return this copy with your payment.



Invoice Date : 12/07/17

Amount Enclosed

☐ Visa ☐ Mastercard

Credit Card Number

Exp. Date _____

Signature Required for Credit Card Payment

Genaf M. Entok
12/14/17

CCP