

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089584
Vendor Name: Sonitrol Chicagoland West
Invoice Number: 80177944
Invoice Date: 01/09/18
PO Number:
Check Number: E0065080
Check Amount: \$ 225.00
Check Date: 01/24/2018
Department ID: 00717
Reviewer Name: Kathy Striplin
Voucher Number: V0491197
Redaction Type: None
Document Type: AP Invoice

Document Below

From: noreply@urbanelevator.com
Sent: Tue Jan 09 12:00:41 CST 2018
To: invoicing@cod.edu
CC:
Subject: Miscellaneous Invoice: 80177944

Urban Elevator Thanks You For Your Business!



Urban Elevator Service, LLC
4830 West 16th Street Cicero, IL 60804
tel (708) 656-5512 fax (708) 416-0160

Invoice Number 80177944
Invoice Date 01/09/2018
Customer Number 001223
Job Number S179998
P.O. Number:

Invoiced to:

COLLEGE OF DUPAGE
ACCOUNTS PAYABLE

invoicing@cod.edu

425 N. MELROSE BLVD

GLEN ELLYN, IL 60137

APPROVED

01/18/18 - NEIL ADAMS

Work Location: 1223 RICKERT
NAPERVILLE, IL 60564

TERMS: NET UPON RECEIPT OF INVOICE

Elevator: PASSENGER #1

PERFORM CATEGORY 1 HYDRAULIC PRESSURE TEST. TEST IS COVERED UNDER THE TERMS OF THE CONTRACT, WITNESSING IS NOT. THIS INVOICE IS FOR THE WITNESSING FEE ONLY.

**INVOICE REVIEWED
OKAY TO PAY
KATHY STRIPLIN 01/18/18**

Invoiced as per quotation

Invoice Amount

225.00