

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1082317

Vendor Name: Aramark Uniform Services

Invoice Number: 002081461520

Invoice Date: 03/09/18

PO Number:

Check Number: 0234764

Check Amount: \$ 500.04

Check Date: 04/11/2018

Department ID: 64005

Reviewer Name:

Voucher Number: V0501606

Redaction Type: None

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

Document Below

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EMPLOYEES

Welcome Yvonne!

Voucher

Voucher Number V0501606

Voucher Amount \$166.68

Vendor ID and/or Name 1082317 Aramark Uniform Services, Inc.

Voucher Status In Progress (Unfinished) AP Type IM Invoices < \$15,000

Voucher Date 03/20/18 Voucher Maintenance Date 03/20/18 Due Date 03/20/18

Invoice Number 2081461520 Invoice Date 03/09/18

Check/Transaction Number Paid Date

Created from Document

Item Description	Vendor Item	Quantity	Unit of Issue	Price	Extended Price	GL Distribution	Invoice Number	Tax Codes	Tax Info	Comments
Massage Therapy Linen		1.000		166.68	166.68	5308001 Massage Therapy CE : Instructional Service Contr	03/20/18			

Comments Approval Date Next Approval

OK

MAR 20 2018

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#1082317

INVOICE

CUSTOMER SERVICE

(800) 272-6275

Deliver To ➤ COMMUNITY COLLEGE DISTRICT#502
425 FAWELL BLVD
GLEN ELLYN, IL 60137

(630) 942-3818

CUSTOMER 792575588

INVOICE 002081461520

DATE 03/09/18

PAGE 1 of 1

ROUTE	STOP	TERMS	GARMENT ID
299	220	2	
A/R INV	SERVICE DAY	PREVIOUS BALANCE	
. 0F	114921	

0 - 30 DAYS	30 - 60 DAYS	OVER 60 DAYS
100008	14913	00

SERVICE	WEARER# L/R	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADD'L AMOUNT	CREDIT AMOUNT
SRC ROOM 1114									
SEE PAT									
SRC BUILDING, DOOR 7, ROOM 1110									
WKLY		SHEET PERCALE WHGR TW110	60		30*	1.11	33.30		
WKLY		FITTED SHEET T180 WHGR TW009	60		30*	1.24	37.20		
WKLY		SPLASH STDY STEP BLAK 3X5	1		1*	3.45	3.45		
WKLY		MASSAGE TOWEL WHIT X	60		30*	3.45	10.35		
		INVENTORY MAINTENANCE			2	2.508	5.02		
WKLY		TWL BATH 27X54 17 WHIT X	20		10*	2.62	26.20		
		INVENTORY MAINTENANCE			1	26.642	26.64		
WKLY		LNDRY BAG ERGO BLAK X	16		2		.00		
		SERVICE CHARGE SER			1	24.52	24.52		
<p>#05-63-64005-5308001</p> <p>APPROVED</p> <p>MAR 20 2018</p>									

APPROVED BY

AMOUNT DUE ➤

16668

00

FINAL INVOICE

16668

Visit us at www.ARAMARK-Uniform.com

*Minimum bill quantity

Payable To ➤ ARAMARK UNIFORM SERVICES
25259 NETWORK PLACE
CHICAGO, IL 60673-1252

CUSTOMER NAME

CUSTOMER / MASTER
INVOICE

COMMUNITY COLLEGE DISTRI

792575588 /

03/09/18 002081461520

TOTAL ADJUSTMENT

ADJUSTED AMOUNT DUE

TERMS: NET 10 DAYS

NOT A REMITTANCE

PLEASE INCLUDE INVOICE NUMBER WITH CHECK

FOR ARAMARK ROUTE USE ONLY	
CASH OR CHECK NUMBER	NET AMOUNT
	00

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1082317

Vendor Name: Aramark Uniform Services

Invoice Number: 002081471201

Invoice Date: 03/16/18

PO Number:

Check Number: 0234764

Check Amount: \$ 500.04

Check Date: 04/11/2018

Department ID: 64005

Reviewer Name:

Voucher Number: V0501607

Redaction Type: None

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

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EMPLOYEES

Welcome Yvonne!

Voucher

Voucher Number V0501607
 Voucher Amount \$166.68
 Vendor ID and/or Name 1082317 **Aramark Uniform Services**

Voucher Status In Progress (Unfinished) AP Type IM Invoices < \$15,000

Voucher Date 03/20/18 Voucher Maintenance Date 03/20/18 Due Date 03/20/18

Invoice Number 2081471201 Invoice Date 03/16/18

Check/Transaction Number Paid To

AP VERIFIED

Created from document

03/21/18 - MARIA ZERRUDO

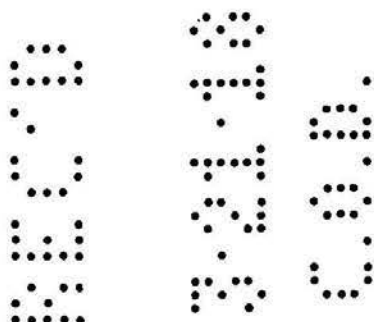
Item Description	Vendor Item	Quantity	Unit	Price	Extended Price	GL Distribution	Invoice Number	Tax Codes	Tax Info	Comments
Massage Therapy Linen		1.000		166.6800	166.68	05-63-64005-5308001 Massage Therapy CE : Instructional Service Contr	2081471201			

Comments Approval Date Next Approval

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Deliver To ➤ COMMUNITY COLLEGE DISTRICT#502
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CUSTOMER SERVICE

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CUSTOMER 792575588

INVOICE 002081471201

DATE 03/16/18

PAGE 1 of 1

ROUTE	STOP	TERMS	GARMENT ID
299	220	2	
A/R INV	SERVICE DAY	PREVIOUS BALANCE	
0F	131589	

0 - 30 DAYS	30 - 60 DAYS	OVER 60 DAYS
100008	16668	14913

SERVICE	WEARER# L/R	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADD'L AMOUNT	CREDIT AMOUNT	ADJ CODE	LINE NO	TRN CODE	REPLACE RATE	INV AD NEXT WK THIS WK	% OF INV
SRC ROOM 1114															
SEE PAT															
SRC BUILDING, DOOR 7, ROOM 1110															
WKLY		SHEET PERCALE WHGR TW110	60		30*	111	3330				3				
WKLY		FITTED SHEET T180 WHGR TW009	60		30*	124	3720				7				
WKLY		SPLASH STDY STEP BLAK 3X5	1		1*	345	345				8				
WKLY		MASSAGE TOWEL WHIT X	60		30*	345	1035				2		3520		50%
		INVENTORY MAINTENANCE			2	2508	502				6		2764		50%
WKLY		TWL BATH 27X54 17 WHIT X	20		10*	262	2620				9		8800		50%
		INVENTORY MAINTENANCE			1	26642	2664				1		250		50%
WKLY		LNDRY BAG ERGO BLAK X	16		2		00				23				
		SERVICE CHARGE SER			1	2452	2452				4		2664		50%
											23				
											5		1256		
											975				17.25%

#05-63-64005-5308001

APPROVED

MAR 20 2018

APPROVED BY

AMOUNT DUE ➤

16668

00

FINAL INVOICE

16668

➤ TOTAL ADJUSTMENT

➤ ADJUSTED AMOUNT DUE

Visit us at www.ARAMARK-Uniform.com

*Minimum bill quantity

Payable To ➤ ARAMARK UNIFORM SERVICES
25259 NETWORK PLACE
CHICAGO, IL 60673-1252

CUSTOMER NAME
CUSTOMER / MASTER
INVOICE

COMMUNITY COLLEGE DISTRI
792575588 /
03/16/18 002081471201

TERMS: NET 10 DAYS

NOT A REMITTANCE

PLEASE INCLUDE INVOICE NUMBER WITH CHECK

FOR ARAMARK ROUTE USE ONLY	
CASH OR CHECK NUMBER	NET AMOUNT
	00

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1082317

Vendor Name: Aramark Uniform Services

Invoice Number: 2081490531

Invoice Date: 03/30/18

PO Number:

Check Number: 0234764

Check Amount: \$ 500.04

Check Date: 04/11/2018

Department ID: 64005

Reviewer Name:

Voucher Number: V0507550

Redaction Type: None

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

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EMPLOYEES

Welcome Yvonne!

Voucher

Voucher Number V0507550
Voucher Amount \$166.68
Vendor ID and/or Name 1082317/Aramark Uniform Services

Voucher Status In Progress (Unfinished) AP Type IM Invoices < \$15,000

Voucher Date 04/02/18 Voucher Maintenance Date 04/02/18 Due Date 04/02/18

Invoice Number 2081490531 Invoice Date 04/02/18

Check/Transaction Number Paid Date

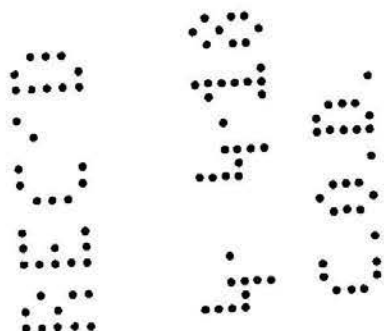
Created from Dropdown

Item Description	Vendor Item	Quantity	Unit	Price	Extended Price	GL Distribution	Invoice Number	Tax Codes	Tax Info	Comments
Massage Therapy Linen		1.000		166.6800	166.68	05-63-64005-5308001 Massage Therapy CE : Instructional Service Contr	2081490531			

Comments Approval Date Next Approval

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NET AMOUNT

