

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1089244

Vendor Name: Scantron Corporation

Invoice Number: 6373352A

Invoice Date: 02/14/18

PO Number:

Check Number: E0066578

Check Amount: \$ 4,970.80

Check Date: 04/18/2018

Department ID: 02177

Reviewer Name:

Voucher Number: V0509181

Redaction Type: None

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

Document Below

# INVOICE **AP VERIFIED**

## 04/13/18 - ROBERT MAREK

INVOICE NUMBER:	6373352A
DATE:	14-FEB-18
CUSTOMER NO:	200235331
TAX I.D NO :	95-2767912

### BILL TO:

ATTN: ACCOUNTS PAYABLE  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137

### LOCATED AT:

200235331  
ATTN: PURCHASING MANAGER  
COLLEGE OF DUPAGE  
SHIPPING & RECEIVING  
425 FAWELL BLVD  
GLEN ELLYN IL 60137

Reference Num:SCT ORDER ENTRY 1538681

PURCHASE INFORMATION		SHIPPING INFORMATION		PAYMENT INFORMATION	
PURCHASE ORDER: 356311		(MOST RECENT SHIPMENT)		TERMS: NET 30	
AGREEMENT NUMBER:		SHIP DATE: 14-FEB-18		DUE DATE: 16-MAR-18	
ORDER SOURCE: Inbound Unknown		CARRIER: UPS		SALES REP: Standard Forms,	
		B/L NUMBER: 1Z626R0E0350672805		CONTACT: Robert Alvarado	
				(800) 228-3628 ext. 3108	
				Fax (844) 364-3126	
				Rodolfo.V.Alvarado@harlandclarke.com	
DESCRIPTION		U/M	QTY	TAX	UNIT PRICE
882-E-LOVAS 882-E-LOVAS 100Q A-E (500/PKG)		PACKAGE	15	N	69.95
INVOICE SUMMARY:					
TOTAL FOR ALL LINE ITEMS					1,049.25
TOTAL FREIGHT					37.06
0.00% STATE TAX					0.00
0.00% CITY TAX					0.00
0.00% COUNTY TAX					0.00
Amounts not paid when due are subject to finance charges of 1.5% per month or the highest rate permitted by law, whichever is less, compounded daily from the due date until paid.					
Please update remit to address if needed.					

APPROVED

APR 09 2018

- My check/money order is enclosed:

o Check # \_\_\_\_\_

SUBTOTAL	TAX	TOTAL
1,086.31	0.00	(USD) 1,086.31

- Charge to my Credit Card:

o ☐ Visa ☐ MasterCard ☐ Amex  
o Card # \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_  
o Name of Card Holder \_\_\_\_\_  
o Billing Address \_\_\_\_\_  
o Signature \_\_\_\_\_

Payments & Credits	-1,057.06
Invoice Balance	29.25

Please Remit to:  
SCANTRON CORPORATION  
P O Box 93038  
Chicago, IL 60673

CUSTOMER COPY

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089244  
Vendor Name: Scantron Corporation  
Invoice Number: 6377534  
Invoice Date: 04/04/18  
PO Number: P0357073  
Check Number: E0066578  
Check Amount: \$ 4,970.80  
Check Date: 04/18/2018  
Department ID: 00377  
Reviewer Name:  
Voucher Number: V0509376  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

# INVOICE



**3 WAY MATCH**

INVOICE NUMBER:		6377534
DATE:	04-APR-18	Page 1 of 1
CUSTOMER NO:	200235331	CREDIT REF NO:
TAX I.D NO : 95-2767912		

## BILL TO:

ATTN: ACCOUNTS PAYABLE  
COLLEGE OF DUPAGE  
429 FAWELL BLVD  
GLEN ELLYN IL 60137

## LOCATED AT:

200235331  
ATTN: PURCHASING MANAGER  
COLLEGE OF DUPAGE  
SHIPPING & RECEIVING  
425 FAWELL BLVD  
GLEN ELLYN IL 60137

Reference Num:SCT ORDER ENTRY 1543484

PURCHASE INFORMATION		SHIPPING INFORMATION		PAYMENT INFORMATION		
PURCHASE ORDER: 357073		(MOST RECENT SHIPMENT)		TERMS: NET 30		
AGREEMENT NUMBER:		SHIP DATE: 04-APR-18		DUE DATE: 04-MAY-18		
ORDER SOURCE: E-Mail		CARRIER: UPS		SALES REP: Standard Forms,		
		B/L NUMBER: 1Z626R0E0350746486		CONTACT: Robert Alvarado		
				(800) 228-3628 ext. 3281		
				Fax (844) 364-3126		
				Rodolfo.V.Alvarado@harlandclarke.com		
DESCRIPTION		U/M	QTY	T A X	UNIT PRICE	EXTENDED PRICE
SC882-E Scantron Score, 100Q, ID (500/PKG)		PACKAGE	69	N	65.95	4,550.55
9702 ITEM ANALYSIS 50QUS 2/S RED (75/PKG)		PACKAGE	15	N	17.00	255.00
9700 ITEM ANALYSIS S 2/SGREEN (75/PKG)		PACKAGE	8	N	17.00	136.00
INVOICE SUMMARY:						
TOTAL FOR ALL LINE ITEMS						4,941.55
TOTAL FREIGHT						0.00
6.25% STATE TAX						0.00
0.00% CITY TAX						0.00
0.00% COUNTY TAX						0.00
Amounts not paid when due are subject to finance charges of 1.5% per month or the highest rate permitted by law, whichever is less, compounded daily from the due date until paid.						
Please update remit to address if needed.						

- My check/money order is enclosed:

o Check # \_\_\_\_\_

- Charge to my Credit Card:

o ☐ Visa ☐ MasterCard ☐ Amex  
o Card # \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
o Name of Card Holder \_\_\_\_\_  
o Billing Address \_\_\_\_\_  
o Signature \_\_\_\_\_

SUBTOTAL	TAX	TOTAL
4,941.55	0.00	(USD) 4,941.55

## Please Remit to:

SCANTRON CORPORATION  
P O Box 93038  
Chicago, IL 60673

REMITTANCE COPY