

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1483659
Vendor Name: Lexicon Networks, Inc.
Invoice Number: 11285
Invoice Date: 06/11/18
PO Number: P0358733
Check Number: 0237228
Check Amount: \$ 6,000.00
Check Date: 07/11/2018
Department ID: 00457
Reviewer Name: Beth Buhmann
Voucher Number: V0517911
Redaction Type: None
Document Type: AP Invoice

Document Below

Lexicon Networks
1 Tiffany Pointe, Suite 108
Bloomington, IL 60108
(630) 212-6989
art_caines@lexiconnetworks.com
www.lexiconnetworks.com

Invoice 11285

APPROVED

07/09/18 - KATHERINE NORRIS



BILL TO
College of DuPage
Jane Smith
425 Fawell Blvd.
Glen Ellyn, IL 60137

DATE
06/11/2018

PLEASE PAY
\$6,000.00

DUE DATE
07/11/2018

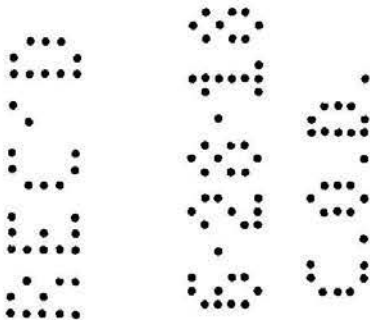
P.O. NUMBER
MaxGrad

ACTIVITY	QTY	RATE	AMOUNT
Annual Maintenance MaxGrad Annual Maintenance from June 1, 2018 to May 31, 2019	1	6,000.00	6,000.00

TOTAL DUE

\$6,000.00

THANK YOU.



PO# 358733