

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087167
Vendor Name: Praxair/Gas Tech
Invoice Number: 82629621
Invoice Date: 04/24/18
PO Number: B0352823
Check Number: 0237253
Check Amount: \$ 1,852.01
Check Date: 07/11/2018
Department ID: 00285
Reviewer Name: Bridget McFarland
Voucher Number: V0510405
Redaction Type: None
Document Type: AP Invoice

Document Below

PAGE	CUSTOMER NUMBER	DATE	INVOICE NUMBER	AMOUNT DUE
1 OF 1	71966561	04/24/2018	82629621	656.60

Bill to
COLLEGE OF DUPAGE
WELD LAB DIVISION
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

2262 (E-A)

REMITTANCE INSTRUCTIONS:	
PLEASE SHOW INVOICE NUMBER AND DATE	ON REMITTANCE AND SEND TO:
PRAXAIR DISTRIBUTION, INC. DEPT CH 10660 PALATINE IL 60055-0660 800-266-4369	

Ship to
COLLEGE OF DUPAGE
WELD LAB DIVISION
425 FAWELL BLVD
GLEN ELLYN IL 60137

AMOUNT ENCLOSED

71966561 82629621100000656604

APPROVED

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

QUESTIONS:	COMMENTS:
<p>PLEASE REFER INQUIRIES REGARDING THIS INVOICE TO:</p> <p>PRAXAIR DISTRIBUTION, INC. CUSTOMER SERVICE 12000 ROOSEVELT RD HILLSDALE IL 60162 800-266-4369</p>	<p>Please note the format of our invoice has changed and now includes more information to help you manage your Praxair account.</p> <p>If you wish to receive the document electronically in the future, please contact us.</p> <p>Pay your bill online at www.praxairdirect.com/billpay or call 1-800-266-4369.</p>

INVOICE DETAIL AND PURCHASE DESCRIPTION				TERMS:		Net 30 Days		PAYMENT DUE: 5/24/2018		
ITEM NUMBER	ITEM DESCRIPTION	QTY SHIP	QTY RETN	BACK ORDER	UOM	VOL/WT	UNIT PRICE	AMOUNT	TAX Y/N	
INVOICE NO:82629621		CUSTOMER:71966561 DATE:4/24/2018								
SHIP FROM		70597,PXPKG HILLSIDE IL HS								
ORDER REFERENCE		57896424 DT 4/23/2018 PT# 76755663								
CUSTOMER PO / RELEASE		B0352823								
SHIP VIA		Customer Pick Up								
SHIP TO ACCOUNT: 71966561										
PRS51013	GRIND/CUT WHEEL 4.5X1/8X5/8-11	8			EA		4.20	33.60	N	
PRS51013	GRIND/CUT WHEEL 4.5X1/8X5/8-11	12			EA		4.20	50.40	N	
PRS53050	SCRATCH BRUSH SS 3X19 CURVE H HNDL	1			EA		5.95	5.95	N	
PRS53050	SCRATCH BRUSH SS 3X19 CURVE H HNDL	19			EA		5.95	113.05	N	
PRS53049	SCRATCH BRUSH CS 3X19 CURVE H HNDL	2			EA		3.90	7.80	N	
PRS53049	SCRATCH BRUSH CS 3X19 CURVE H HNDL	7			EA		3.90	27.30	N	
PRS52007	FLAP DISC 4-1/2X5/8-11 80X T-29	2			EA		7.75	15.50	N	
PRS52007	FLAP DISC 4-1/2X5/8-11 80X T-29	12			EA		7.75	93.00	N	
PRS52005	FLAP DISC 4-1/2X5/8-11 40X T-29	2			EA		7.75	15.50	N	
PRS52005	FLAP DISC 4-1/2X5/8-11 40X T-29	18			EA		7.75	139.50	N	
PRS52006	FLAP DISC 4-1/2X5/8-11 60X T-29	2			EA		7.75	15.50	N	
PRS52006	FLAP DISC 4-1/2X5/8-11 60X T-29	18			EA		7.75	139.50	N	
ACCOUNTS PAST DUE WILL BE CHARGED THE GREATER OF A SERVICE CHARGE OF \$1. OR A FINANCE CHARGE OF 1.5% PER MONTH (18% ANNUAL RATE) OF THE OUTSTANDING BALANCE, UNLESS OTHERWISE SPECIFIED IN THE CONTRACT.		PLEASE NOTE PAYMENT OF THIS INVOICE ACKNOWLEDGES THAT THE ABOVE SHIPMENTS, RETURNS, AND/OR BALANCE OF THE PRAXAIR CYLINDERS IN YOUR POSSESSION IS CORRECT AT THE CLOSE OF BUSINESS ON THE DATE SHOWN ON THIS INVOICE. PAYMENT RECEIVED WITHOUT INVOICE APPLICATION INSTRUCTIONS WILL BE APPLIED PER PRAXAIR'S DISCRETION AT ANY TIME AFTER THE NINETIETH DAY FOLLOWING PAYMENT RECEIPT.		SUBTOTAL		TAX AMOUNT		INVOICE AMOUNT		
				656.60		0.00		USD \$	656.60	

INVOICE REVIEWED
OKAY TO PAY

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087167
Vendor Name: Praxair/Gas Tech
Invoice Number: 83645052
Invoice Date: 06/21/18
PO Number: B0352823
Check Number: 0237253
Check Amount: \$ 1,852.01
Check Date: 07/11/2018
Department ID: 00285
Reviewer Name: Bridget McFarland
Voucher Number: V0517562
Redaction Type: None
Document Type: AP Invoice

Document Below

From: mcfarl@cod.edu
Sent: Mon Jun 25 07:56:43 CDT 2018
To: invoicing@cod.edu
CC:
Subject: FW: Praxair U.S. e-invoice delivery

Bridget

Bridget McFarland
Business and Technology Division | Program Support Specialist
College of DuPage
425 Fawell Blvd. | Glen Ellyn, IL 60137-6599
phone 630.942.8419 | mcfarl@cod.edu

From: Praxair eInvoice <praxair@notify-now.com>
Sent: Sunday, June 24, 2018 4:06 AM
To: McFarland, Bridget <mcfarl@cod.edu>
Subject: Praxair U.S. e-invoice delivery

*****PLEASE DO NOT REPLY TO THIS EMAIL*****

For your convenience, your invoice(s) have been attached to this email for you to save and print.

----- For other requests regarding your e-invoicing registration or your charge account, please see the contact information below. -----

- To report email problems or request updates to your e-invoicing account, including changing the email address: Contact us at invoices@praxair.com . Please include your account number(s).
- For account inquiries, invoice copies, proof of delivery, or to make a payment: Call 1-800-266-4369, select option 2 and follow the prompts.
- As an additional tool: Please see our website <https://express2.praxair.com> to monitor open orders, cylinder count and obtain PDF copies of unpaid invoices. Register as an existing customer and create your own username and password.

Thank you. We appreciate your business.

' Please click on the customer number below to retrieve your documents:

PAGE	CUSTOMER NUMBER	DATE	INVOICE NUMBER	AMOUNT DUE
1 OF 1	71966561	06/21/2018	83645052	344.13

Bill to
COLLEGE OF DUPAGE
WELD LAB DIVISION
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

22705 (E-A)

REMITTANCE INSTRUCTIONS:

PLEASE SHOW INVOICE NUMBER AND DATE
ON REMITTANCE, AND SEND TO:

PRAXAIR DISTRIBUTION, INC.
DEPT CH 10660
PALATINE IL 60055-0660
800-266-4369

Ship to COLLEGE OF DUPAGE
WELD LAB DIVISION
425 FAWELL BLVD
GLEN ELLYN IL 60137

AMOUNT ENCLOSED

71966561 83645052 100000344137

APPROVED

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

06/27/18 - KRISTINE FAY

QUESTIONS	COMMENTS:
PLEASE REFER INQUIRIES REGARDING THIS INVOICE TO: PRAXAIR DISTRIBUTION, INC. CUSTOMER SERVICE 12000 ROOSEVELT RD HILLSIDE IL 60162 800-266-4369	Please note the format of your invoice has changed and now includes more information to help you manage your Praxair account. If you wish to receive the document electronically in the future, please contact us. Pay your bill online at www.praxairdirect.com/billpay or call 1-800-266-4369.

RENTAL DETAIL AND DESCRIPTION		TERMS:		Net 30 Days			PAYMENT DUE: 7/21/2018				
ITEM NUMBER	ITEM DESCRIPTION	BEG BAL	CYL SHIP	CYL RETN	END BAL	LEASE OFFSET	TYPE	SUBJECT TO RENT	UNIT PRICE	AMOUNT	TAX Y/N
INVOICE NO:83645052	CUSTOMER:71966561 DATE:6/21/2018										
CUSTOMER PO / RELEASE PERIOD	B0352823 5/20/2018 TO 6/20/2018										
	SHIP TO ACCOUNT: 71966561 --CYLINDER RENT SUMMARY--										
RNTU020	Fuel gas < 200lbs		3		3		R2	93	0.1550	14.42	N
RNTU130	Industrial Acetylene		17		17		R2	527	0.2060	108.56	N
RNTU230	Ind High Pressure > 100cf		29		29		R2	899	0.2060	185.19	N
RNTU330	CO2 >= 50 lbs		2		2		R2	62	0.58	35.96	N
<p>INVOICE REVIEWED</p> <p>OKAY TO PAY</p> <p>BRIDGET MCFARLAND 06/25/18</p>											
ACCOUNTS PAST DUE WILL BE CHARGED THE GREATER OF A SERVICE CHARGE OF \$1, OR A FINANCE CHARGE OF 1.5% PER MONTH (18% ANNUAL RATE) OF THE OUTSTANDING BALANCE, UNLESS OTHERWISE SPECIFIED IN THE CONTRACT.		PLEASE NOTE PAYMENT OF THIS INVOICE ACKNOWLEDGES THAT THE ABOVE SHIPMENTS, RETURNS, AND/OR BALANCE OF THE PRAXAIR CYLINDERS IN YOUR POSSESSION IS CORRECT AT THE CLOSE OF BUSINESS ON THE DATE SHOWN ON THIS INVOICE. PAYMENT RECEIVED WITHOUT INVOICE APPLICATION INSTRUCTIONS WILL BE APPLIED PER PRAXAIR'S DISCRETION AT ANY TIME AFTER THE NINETIETH DAY FOLLOWING PAYMENT RECEIPT.						SUBTOTAL		TAX AMOUNT	INVOICE AMOUNT
								344.13		0.00	USD \$ 344.13

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087167
Vendor Name: Praxair/Gas Tech
Invoice Number: 83689014
Invoice Date: 06/23/18
PO Number: B0352823
Check Number: 0237253
Check Amount: \$ 1,852.01
Check Date: 07/11/2018
Department ID: 00285
Reviewer Name: Bridget McFarland
Voucher Number: V0517812
Redaction Type: None
Document Type: AP Invoice

Document Below

From: mcfarl@cod.edu
Sent: Wed Jun 27 08:14:53 CDT 2018
To: invoicing@cod.edu
CC:
Subject: FW: Praxair U.S. e-invoice delivery

Bridget

Bridget McFarland

Business and Technology Division | Program Support Specialist

College of DuPage

425 Fawell Blvd. | Glen Ellyn, IL 60137-6599

phone 630.942.8419 | mcfarl@cod.edu

From: Praxair eInvoice <praxair@notify-now.com>

Sent: Tuesday, June 26, 2018 3:44 PM

To: McFarland, Bridget <mcfarl@cod.edu>

Subject: Praxair U.S. e-invoice delivery

*****PLEASE DO NOT REPLY TO THIS EMAIL*****

For your convenience, your invoice(s) have been attached to this email for you to save and print.

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PAGE	CUSTOMER NUMBER	DATE	INVOICE NUMBER	AMOUNT DUE
1 OF 1	71966561	06/23/2018	83689014	839.88

Bill to
COLLEGE OF DUPAGE
WELD LAB DIVISION
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

4071 (E-A)

REMITTANCE INSTRUCTIONS:

PLEASE SHOW INVOICE NUMBER AND DATE
ON REMITTANCE, AND SEND TO:

PRAXAIR DISTRIBUTION, INC.
DEPT CH 10660
PALATINE IL 60055-0660
800-266-4369

Ship to COLLEGE OF DUPAGE
WELD LAB DIVISION
425 FAWELL BLVD
GLEN ELLYN IL 60137

AMOUNT ENCLOSED

APPROVED

06/28/18 - KRISTINE FAY

71966561 83689014 100000837685

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

QUESTIONS:

PLEASE REFER INQUIRIES REGARDING THIS INVOICE TO:

PRAXAIR DISTRIBUTION, INC.
CUSTOMER SERVICE
12000 ROOSEVELT RD
HILLSDALE IL 60162
800-266-4369

COMMENTS:

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INVOICE DETAIL AND PURCHASE DESCRIPTION				TERMS:		Net 30 Days		PAYMENT DUE: 7/23/2018					
ITEM NUMBER		ITEM DESCRIPTION		QTY SHIP	QTY RETN	BACK ORDER	UOM	VOL/WT	UNIT PRICE	AMOUNT	TAX Y/N		
INVOICE NO:83689014		CUSTOMER:71966561 DATE:6/23/2018											
SHIP FROM		70597,PXPKG HILLSIDE IL HS											
ORDER REFERENCE		60581197 DT 6/22/2018 PT# 77609358											
CUSTOMER PO / RELEASE		B0352823 EMAIL											
SHIP VIA		Customer Pick Up											
SHIP TO ACCOUNT: 71966561													
PRS23505	REGULATOR K25-15-510-00 ACET	1					EA		69.99	69.99	N		
PRS23505	REGULATOR K25-15-510-00 ACET	7					EA		69.99	489.93	N		
PRS23506	REGULATOR K25-80-540-06 PRS	1					EA		69.99	69.99	N		
PRS23506	REGULATOR K25-80-540-06 PRS	3					EA		69.99	209.97	N		
<div>INVOICE REVIEWED OKAY TO PAY BRIDGET MCFARLAND 06/28</div>													
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								839.88		0.00		USD	\$

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087167
Vendor Name: Praxair/Gas Tech
Invoice Number: 83689015
Invoice Date: 06/23/18
PO Number: B0352823
Check Number: 0237253
Check Amount: \$ 1,852.01
Check Date: 07/11/2018
Department ID: 00285
Reviewer Name: Bridget McFarland
Voucher Number: V0517815
Redaction Type: None
Document Type: AP Invoice

Document Below

From: mcfarl@cod.edu
Sent: Wed Jun 27 08:14:53 CDT 2018
To: invoicing@cod.edu
CC:
Subject: FW: Praxair U.S. e-invoice delivery

Bridget

Bridget McFarland

Business and Technology Division | Program Support Specialist

College of DuPage

425 Fawell Blvd. | Glen Ellyn, IL 60137-6599

phone 630.942.8419 | mcfarl@cod.edu

From: Praxair eInvoice <praxair@notify-now.com>

Sent: Tuesday, June 26, 2018 3:44 PM

To: McFarland, Bridget <mcfarl@cod.edu>

Subject: Praxair U.S. e-invoice delivery

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PAGE	CUSTOMER NUMBER	DATE	INVOICE NUMBER	AMOUNT DUE
1 OF 1	71966561	06/23/2018	83689015	11.40

Bill to
COLLEGE OF DUPAGE
WELD LAB DIVISION
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

4072 (E-A)

REMITTANCE INSTRUCTIONS:

PLEASE SHOW INVOICE NUMBER AND DATE
ON REMITTANCE, AND SEND TO:

PRAXAIR DISTRIBUTION, INC.
DEPT CH 10660
PALATINE IL 60055-0660
800-266-4369

Ship to COLLEGE OF DUPAGE
WELD LAB DIVISION
425 FAWELL BLVD
GLEN ELLYN IL 60137

AMOUNT ENCLOSED

APPROVED

71966561 83689015 06/23/2018 11.40
06/28/18 - KRISTINE FAY

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

QUESTIONS:

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PRAXAIR DISTRIBUTION, INC.
CUSTOMER SERVICE
12000 ROOSEVELT RD
HILLSIDE IL 60162
800-266-4369

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INVOICE DETAIL AND PURCHASE DESCRIPTION				TERMS:		Net 30 Days			PAYMENT DUE: 7/23/2018			
ITEM NUMBER		ITEM DESCRIPTION		QTY SHIP	QTY RETN	BACK ORDER	UOM	VOL/WT	UNIT PRICE	AMOUNT		TAX Y/N
INVOICE NO:83689015		CUSTOMER:71966561 DATE:6/23/2018										
SHIP FROM		70597,PXPKG HILLSIDE IL HS										
ORDER REFERENCE		60947861 DT 6/22/2018 PT# 77638422										
CUSTOMER PO / RELEASE		B0352823										
SHIP VIA		Customer Pick Up										
LEER-6		SHIP TO ACCOUNT: 71966561										
		WRAPAROUND 2.5X48 6 R-6		1			EA		11.3989	11.40		N
<div>INVOICE REVIEWED OKAY TO PAY BRIDGET MCFARLAND 06/28</div>												
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				11.40				0.00		USD	\$	11.40
PLEASE NOTE PAYMENT OF THIS INVOICE ACKNOWLEDGES THAT THE ABOVE SHIPMENTS, RETURNS, AND/OR BALANCE OF THE PRAXAIR CYLINDERS IN YOUR POSSESSION IS CORRECT AT THE CLOSE OF BUSINESS ON THE DATE SHOWN ON THIS INVOICE. PAYMENT RECEIVED WITHOUT INVOICE APPLICATION INSTRUCTIONS WILL BE APPLIED PER PRAXAIR'S DISCRETION AT ANY TIME AFTER THE NINETIETH DAY FOLLOWING PAYMENT RECEIPT.												