

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1081510

Vendor Name: A.M. Best Co.

Invoice Number: 3375178

Invoice Date: 06/25/18

PO Number:

Check Number: E0068383

Check Amount: \$ 189.00

Check Date: 07/25/2018

Department ID: 15240

Reviewer Name:

Voucher Number: V0518602

Redaction Type: None

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

Document Below

Miller, Larisa

From: acctpay@cod.edu
Sent: Monday, July 9, 2018 2:29 PM
To: Miller, Larisa
Subject: Voucher Confirmation: V0518602

Voucher Number V0518602
Voucher Status In Progress (Unfinished)

Requestor Name Ms Larisa L. Miller

Voucher Date 07/09/18
Due Date 07/09/18
Vendor ID and/or Name 1081510 A.M. Best Co.
AP Type IM Invoices < \$15,000
Voucher Total \$189.00

ITEM 1
Item Description Book - Bests Key Rating Guide Life/Healt
Quantity 1.000
Price \$176.0000
Extended Price \$176.00
GL Distribution 01-20-15240-5405001

ITEM 2
Item Description Shipping
Quantity 1.000
Price \$13.0000
Extended Price \$13.00
GL Distribution 01-20-15240-5405001

AP VERIFIED

07/19/18 - MARIA ZERRUDO

COMMENTS

APPROVAL

DATE

Jessica McIntosh
7/10/18

NEXT APPROVALS

ACCOUNT NUMBER	2001196740
ORDER NUMBER	1572315
INVOICE NUMBER	3375178
INVOICE DATE	6/25/18
DUE DATE	7/25/18
AMOUNT DUE	\$189.00

A.M. BEST COMPANY POLICIES

BILLING POLICIES

1. A.M. Best Company, Inc. (AMB) incorporated in the State of New Jersey. Federal Tax ID# is 13-4955140.
2. Payment may be submitted via wire transfer/ACH. A wire transfer/ACH must be directed to PNC Bank, N. A., ABA# 031207607, 500 First Avenue, Pittsburgh, PA 15219, Further credit to A.M. BEST Company #8013589391, SWIFT address: PNCCUS33 (If Required). Payment must be in U.S. dollars.
Please include your account number and invoice number to ensure proper credit.
3. Make checks payable to A.M. Best Co. Inc., payable in U.S. dollars and drawn on a bank located in the United States. Check payments should be directed to: P.O.Box 828806, Philadelphia, PA 19182-8806.
4. Credit Card payment: We accept American Express, Discover, Mastercard, and Visa. You may contact Customer Service with payment information, U.S. and Canada 800-424-2378.
5. Billing disputes must be submitted in writing within thirty (30) days of billing/shipment. Send information on a separate sheet of paper to: Ambest Road, Oldwick, NJ 08858-0700 Attn: Customer Service. Include account number(s), invoice number(s), copies if paid by check(s) (front and back), and any other pertinent documentation.

TAX POLICIES

1. AMB will bill, collect and remit state sales tax where applicable (our calculation is based on all applicable sales tax rates; city, county, state, etc.). "Ship-to" addresses in AL, CA, CO, CT, FL, GA, IA, IL, IN, KY, LA, MA, MD, MI, MN, MO, NC, NE, NJ, NY, OH, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI, DC, and Canada must add sales taxes. Note: "Ship-to" addresses in CT, GA, IN, KY, MN, NC, NE, NJ, NY, OH, PA, SC, TN, TX, WA, and WI must add sales taxes to the total amount (including delivery charges). "Ship-to" addresses in AL, CO, GA, IN, IA, KY, LA, MD, MO, NE, NC, RI, SC, TN, UT, VT, WA, DC and Canada must add sales taxes to purchases of stand alone subscriptions to Best's Review.
2. Customers located outside of the U.S., U.S. territories or Canada will be considered the importer of the shipped goods and shall pay and indemnify AMB for any taxes, charges, levies, duties, usage or other fees (including withholding taxes, value added taxes, stamp taxes, and other similar taxes and charges, if any) which may be asserted against AMB or the customer by any Governmental entity with respect to, or arising out of, this service agreement.
3. Canada GST/HST #868695180RT0001 must be included in all provinces for all products. Quebec uses QST #1023061968 TQ0001 to post GST price.
4. Subscription agencies must refer to the subscription agency distribution agreement for information on collecting sales tax.

RETURN POLICIES

1. Requests to return products must be made within thirty (30) days of shipment and are subject to approval by AMB. Before returning any publication, contact AMB to obtain a Return Material Authorization number (RMA#). Approved returns will be issued an RMA label that must be affixed to the return package. Ship returned publications via a trackable carrier (UPS, FedEx) or through the postal service with "Return Receipt Requested", in order to properly document the transaction. Please state the reason for the return and any pertinent billing or shipping information (account number, invoice number, RMA#, shipping label, etc.), so we may properly credit your account. Packages must include all the original contents in order to qualify for a credit/refund.
2. Returns not approved, or those without RMA#'s, may be refused.
3. Lost shipments may be replaced, subject to a replacement charge.
4. If you fail to advise AMB of your correct address which results in the publication being returned, you may be subject to a re-ship charge.
5. Notify AMB of any damaged publication. AMB will arrange the pick up, inspection and replacement, at no additional charge.
6. CD-ROM purchases are subject to the terms and conditions of the agreement governing the licensing of the product.
7. Purchase of reports, information, etc. downloaded or printed from the AMB website or delivered via e-mail are considered non-returnable/non-refundable transactions.
8. Customized orders (Best's Rating Reports, article reprints, CD-ROMS, tapes, studies, consolidated invoices, etc.) are non-returnable/non-refundable.
9. Periodicals will be prorated for the issues received.
10. Continuous service purchases are on automatic renewal status. It is important to notify AMB of any changes pertaining to a continuous service order.

Customer Service is available to assist with any inquiries concerning the above policies.

(908) 439-2200 x 5742, or e-mail: customer_service@ambest.com

Toll Free Customer Service - U.S. and Canada 800-424-2378

Visit the A.M. Best Company website www.ambest.com for available Publications and Services.

NAME OR ADDRESS CHANGE

Please use the area below to change/correct the name, title, company name, address, e-mail or telephone number so we may update the account. Thank you

Name _____ Title _____

Company _____ Type of Business _____

Primary Business Function _____

Company's Industry Focus: ☐ Health ☐ Life ☐ L/H ☐ P/C ☐ Both L/H & P/C

Other (please specify) _____

Address 1 _____ Floor/Ste# _____

Address 2 (P.O. BOX)* _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Tel# _____ Fax# _____ E-mail _____

Signature _____

Please specify type of change below:

☐ ENTIRE COMPANY HAS MOVED
- change applies to all accounts at former location

☐ COMPANY NAME CHANGE
- applies to all accounts at this location

☐ INDIVIDUAL NAME OR ADDRESS CHANGE
- applies only to this customer/account

☐ FORMER NAME REPLACED
- billing and/or products to be assumed by new person

* Street address is required for delivery of product shipments