

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1438021

Vendor Name: Lakeshore Medical Resources, I

Invoice Number: 070618-1

Invoice Date: 07/06/18

PO Number: P0358948

Check Number: 0238007

Check Amount: \$ 1,650.00

Check Date: 08/15/2018

Department ID: 00157

Reviewer Name:

Voucher Number: V0521361

Redaction Type: None

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

Document Below

FY 2019.

**LAKESHORE MEDICAL RESOURCES, INC.**1231 Golf View Drive  
Woodridge, IL 60517**Invoice**

Date	Invoice #
7/6/2018	070618-1

Bill To
College of DuPage Accounts Payable 425 Fawell Blvd. Glen Ellyn, IL 60137

**AP VERIFIED**  
**07/24/18 - BETHANY CRUSE**

		PO NUMBER	Terms	System ID#	FSR#
		358948	Net 30	Medison XG	
Date	Quantity	Description	Hours	Rate	Amount
7/6/2018	1	Labor - Transducer repair (cable/strain relief)	Misc.	1,500.00	1,500.00
	2	Shipping/Insurance & Return shipping	Freight	75.00	150.00
		Transducer C2-61C Serial: PO3QM3HD200101K			
		PO# 358948			
		M. Ahmad Chaudhry 7/11/18 01-10-00157-5304001 Dr. H. Ahmad Chaudhry			
<b>Total</b>					\$1,650.00

Thank you for your business. For Billing Questions,  
please call 630-910-0609 or Fax# 630-910-9590.  
A \$25.00 fee will be charged for all returned checks.  
A 2% fee will be added to all invoices over 30 days.

**From:** Gonzalez, Colleen <prolac@cod.edu>  
**To:** edlakeshoremed <edlakeshoremed@aol.com>  
**Cc:** McKirdie, Melissa <mckirdiem@cod.edu>  
**Subject:** NEW PO# FY 2019  
**Date:** Thu, Jul 5, 2018 11:13 am

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Hi Ed and Melissa,

The New Purchase Order # is 358948 for FY 2019. It has been approved.

Thank you,

**Colleen Prola-Gonzalez**

**Program Support Specialist, Biology and Health Sciences Division**  
**College of DuPage** | 425 Fawell Blvd | Glen Ellyn, IL 60137  
[prolac@cod.edu](mailto:prolac@cod.edu) | 630-942-2994 (ph) | 630-942-4222 (fax)

**From:** Gonzalez, Colleen  
**Sent:** Thursday, June 28, 2018 11:27 AM  
**To:** 'edlakeshoremed@aol.com' <edlakeshoremed@aol.com>  
**Cc:** McKirdie, Melissa <mckirdiem@cod.edu>  
**Subject:** new plan - updated Purchase Order

Hi Ed,

We have a new plan. Because we did not receive the equipment by our June 30<sup>th</sup> deadline, we have to cancel that Purchase Order # 358468. Please ignore and delete that PO as it will be void. I know have to request a new PO for the new fiscal year that starts 7/1. I will be in touch once that is approved and will inform you of that Purchase Order.

Thank you,

**Colleen Prola-Gonzalez**

**Program Support Specialist, Biology and Health Sciences Division**  
**College of DuPage** | 425 Fawell Blvd | Glen Ellyn, IL 60137  
[prolac@cod.edu](mailto:prolac@cod.edu) | 630-942-2994 (ph) | 630-942-4222 (fax)

**From:** Gonzalez, Colleen  
**Sent:** Thursday, June 28, 2018 10:37 AM  
**To:** 'edlakeshoremed@aol.com' <edlakeshoremed@aol.com>  
**Cc:** McKirdie, Melissa <mckirdiem@cod.edu>  
**Subject:** Check in - transducer

Hi Ed,

I wanted to check in to see if the transducer was ready? Our deadline to receive it is June 30<sup>th</sup>, however, the college is closed on Fridays during the summer. Do you happen to have an update?

Thank you,

**Colleen Prola-Gonzalez**

**Program Support Specialist, Biology and Health Sciences Division**

**LAKESHORE MEDICAL RESOURCES, INC.**

1231 GOLF VIEW DRIVE  
WOODRIDGE, IL 60517  
cdlakeshoremmed@aol.com

**MEDISON ULTRASOUND REPAIR AGREEMENT**

To: College of DuPage  
425 Fawell Blvd.  
Glen Ellyn, IL 60137

Date: 05-29-18  
Proposal: 052918

Attn: Colleen Rodriguez

Submitted by: Edward Garstka

We are pleased to submit the following proposal and offering to supply the services described, at the stated prices and terms, subject to your acceptance, consisting of one page.

**DESCRIPTION**

**Transducer Repair for MEDISON XG ultrasound**

- |   |            |
|---|------------|
| • Transducer cable/strain relief repair | \$1,500.00 |
| • Shipping/Insurance & Return shipping  | \$ 150.00  |

**TOTAL COST: \$1,650.00 (not to exceed)**

**Terms of Payment: Balance due Net <sup>30</sup><sub>60</sub> days**

Please sign agreement email cdlakeshoremmed@aol.com or fax: 630-910-9590

**COLLEGE of DUPAGE**

Brian W. Caputo, Ph.D., C.P.A.  
Vice President/CFO  
Administrative Affairs

Approved By: \_\_\_\_\_

Signature: Brian W. Caputo

Title: \_\_\_\_\_

Date: 6/12/18

**LAKESHORE MEDICAL**

By: Ed Garstka

Title: PRESIDENT

Date: 6/12/18