

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087167  
Vendor Name: Praxair/Gas Tech  
Invoice Number: 83610845  
Invoice Date: 06/21/18  
PO Number: B0352921  
Check Number: 0238110  
Check Amount: \$ 3,835.86  
Check Date: 08/15/2018  
Department ID: 00073  
Reviewer Name: Bridget McFarland  
Voucher Number: V0518924  
Redaction Type: None  
Document Type: AP Invoice

Document Below



Ship to COLLEGE OF DUPAGE  
425 FAWELL BLVD  
HVAC INSTRUCTION DEH  
GLEN ELLYN IL 60137

Bill to  
COLLEGE OF DUPAGE  
ATTN ACCOUNTS PAYABLE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599



**AMOUNT ENCLOSED**

71424919 83610845100000073899

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

|                                                                                                           |  |                                                                                                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| QUESTIONS:                                                                                                |  | COMMENTS:                                                                                                                                                                                                                 |  |
| PLEASE REFER INQUIRIES REGARDING THIS INVOICE TO:                                                         |  | Please note the format of your invoice has changed and now includes more information to help you manage your Praxair account.                                                                                             |  |
| PRAXAIR DISTRIBUTION, INC.<br>CUSTOMER SERVICE<br>12000 ROOSEVELT RD<br>HILLSIDE IL 60162<br>800-266-4369 |  | If you wish to receive this document electronically in the future, please contact us.<br>Pay your bill online at <a href="http://www.praxairdirect.com/billpay">www.praxairdirect.com/billpay</a> 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 YIN |
| INVOICE NO:83610845                                                                                                                                                                                       | CUSTOMER:71424919 DATE:6/21/2018                     |                                                                                                                                                                                                                                                                                                                                                                                         |          |             |         |              |                       |                 |            |                |         |
| CUSTOMER PO / RELEASE PERIOD                                                                                                                                                                              | 193009S<br>5/20/2018 TO 6/20/2018                    |                                                                                                                                                                                                                                                                                                                                                                                         |          |             |         |              |                       |                 |            |                |         |
|                                                                                                                                                                                                           | SHIP TO ACCOUNT: 76154733<br>-CYLINDER RENT SUMMARY- |                                                                                                                                                                                                                                                                                                                                                                                         |          |             |         |              |                       |                 |            |                |         |
| RNTU130                                                                                                                                                                                                   | Industrial Acetylene                                 | -9                                                                                                                                                                                                                                                                                                                                                                                      |          |             | -9      |              | R2                    |                 |            |                | N       |
| RNTU210                                                                                                                                                                                                   | Ind High Pressure < 100cf                            | -6                                                                                                                                                                                                                                                                                                                                                                                      |          |             | -6      |              | R2                    |                 |            |                | N       |
| RNTU230                                                                                                                                                                                                   | Ind High Pressure > 100cf                            | 8                                                                                                                                                                                                                                                                                                                                                                                       |          |             | 8       |              | R2                    | 248             | 0.1960     | 48.61          | N       |
| RNTU888                                                                                                                                                                                                   | PROPANE RACK/CAGE                                    | 2                                                                                                                                                                                                                                                                                                                                                                                       |          |             | 2       |              | R1                    | 2               | 5.25       | 10.50          | N       |
| UMZGOVM1                                                                                                                                                                                                  | SAFETY & ENVIRONMENTAL SERV FE                       |                                                                                                                                                                                                                                                                                                                                                                                         | 1        |             |         |              | EA                    |                 | 14.78      | 14.78          | N       |
| <div>INVOICE REVIEWED<br/>OKAY TO PAY<br/>BRIDGET MCFARLAND 07/11/18</div>                                                                                                                                |                                                      |                                                                                                                                                                                                                                                                                                                                                                                         |          |             |         |              |                       |                 |            |                |         |
| 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 |         |
|                                                                                                                                                                                                           |                                                      |                                                                                                                                                                                                                                                                                                                                                                                         |          |             |         | 73.89        |                       | 0.00            |            | USD \$         | 73.89   |

## TERMS & CONDITIONS

These terms and conditions represent the entire agreement between the parties hereto and there are no collateral, oral or other agreements or understandings, unless expressly stipulated on this invoice.

### WARRANTIES-DISCLAIMER:

Seller warrants all cylinders, equipment, product or merchandise delivered herewith will meet their manufacturer's standard specifications. SELLER MAKES NO OTHER WARRANTY OF ANY KIND WHATSOEVER, EXPRESS OR IMPLIED, AND ALL IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE ARE HEREBY DISCLAIMED BY SELLER AND EXCLUDED FROM THIS TRANSACTION. No claim of any kind with respect to all cylinders, equipment, product or merchandise delivered, whether based on contract, negligence, warranty, strict liability or otherwise, shall be greater than the price paid for such item in respect to which such claim is made.

### LIABILITY:

Customer understands and agrees that title to cylinders and equipment remains with the Seller, except in the case of a sale of cylinders, or equipment. In such event, title shall pass to Customer when invoices rendered covering said cylinders or equipment are paid in full. Customer assumes all liability for damages from accidents caused by or incurred in the use or transportation of said cylinders and/or equipment. Customer shall defend, indemnify and hold harmless Seller, its officers, agents, and employees from any and all damages and/or liability to any person whomsoever, arising out of or resulting from the usage, storage, or transportation of said cylinders, and/or equipment by the Customer or anyone while they are in the custody of the Customer. The Customer acknowledges receipt of the cylinders and/or equipment in good working condition and repair and agrees to return them in as good condition subject to reasonable wear and tear. Customer shall be liable for all damage to or loss of the cylinders and/or equipment regardless of the cause until they have been returned to, and receipted for, by the Seller. In the event of any accident involving said cylinders and/or equipment, Customer shall promptly furnish to Seller a complete report in writing, with names and addresses of witnesses and parties involved and Customer shall make all reports required by law. Seller will not be liable for any special, indirect, incidental or consequential damages, whether arising from negligence, warranty, strict liability or otherwise.

### USE RESTRICTIONS:

None of the above cylinders and/or equipment shall be sublet or loaned by the Customer, nor shall it be removed from the location of the job for which it was intended to be used as above set forth, nor shall it be removed from the county in which it was delivered to Customer, except by prior written consent of Seller. If the law requires the user to be licensed, Customer shall not use or permit use without such license. In the event of damage, breakage, or mechanical failure of said cylinders and/or equipment for any cause, Customer, at its own expense, shall forthwith return the cylinders and/or equipment to Seller. Customer is not authorized, without prior written consent of Seller, to expend any money or incur any expense for Seller's or Customer's account for repairs to said cylinders and/or equipment. Seller may terminate any lease at any time by tender to Customer of unused rent in which event Customer shall forthwith return cylinders and/or equipment to the Seller at such place, within the county, as the Seller shall designate. Customer shall, at its own expense, maintain liability and fire insurance and such other insurance as Seller may request at the time of such leasing. In the event of the insolvency or bankruptcy of the Customer, or in the event the Customer violates any of the terms hereof, or fails to return the cylinders and/or equipment or in the event the cylinders and/or equipment are levied upon by any legal process, such lease shall, without notice, immediately terminate and all rights of the Customer to possession of the cylinders and/or equipment shall immediately terminate. Seller may repossess the same or any part thereof with or without notice and with or without legal process, and Seller and its agents are hereby authorized to go upon Customer's property and remove impediments and may use all force necessary to repossess said cylinders and/or equipment, and Customer hereby, for itself and its employees expressly waives all damages and claims of damage or trespass, physical or pecuniary, caused by the Seller in the process of taking and removing said cylinders and/or equipment. In the event of any breach by the Customer hereunder, said Customer promises and agrees to pay all expenses of enforcement hereof and the costs of retaking said cylinders and/or equipment and the Seller shall be entitled to judgement for such expenses and for all rentals, merchandise, product and damages due hereunder, and for reasonable attorney's fees and court costs.

### NOTICE OF NON-WAIVER:

The failure by the Seller, at any one or more time, to insist upon the strict performance by the Customer of the covenants, conditions and/or terms of this agreement, shall not be construed as a waiver of Seller's right to demand strict compliance with and performance of all covenants, conditions and/or terms hereof. Notice of demand for strict compliance is hereby waived by the Customer.

### RETURNED MERCHANDISE:

Original invoice must accompany merchandise, product, cylinders or equipment returned for credit.

### RESTOCKING:

Restocking and handling charges will be made on regularly inventoried merchandise, product, cylinders or equipment returned. Special order items are not subject to return for credit.

### RENTED CYLINDERS AND ITEMS:

By accepting rented cylinders or rented equipment, Buyer agrees to: return rented cylinders to Seller on demand; be responsible for any loss of, or damage to rented cylinders or equipment and to reimburse Seller at the current rate of charges for such loss or damage; indemnify Seller against all loss arising out of injuries to persons, or damage to property connected with the use of the rented cylinders or equipment and/or the contents of the cylinders; reimburse Seller for any reasonable cost and/or attorney's fees incurred by Seller in collecting payment due or enforcing the terms of these conditions, and be responsible for cylinders or equipment as to proper care, maintenance, loss of or damage to them (normal wear and tear expected) until they are returned to Seller. PLEASE NOTE: YOUR PAYMENT OF THIS INVOICE IS YOUR ACKNOWLEDGMENT THAT THE CYLINDER RENTAL BALANCE OF OUR CYLINDERS IN YOUR HANDS SHOWN ON THIS INVOICE IS CORRECT AT THE CLOSE OF BUSINESS ON THE DATE SHOWN ON THIS INVOICE.

### CUSTOMER'S REPRESENTATION OF SOLVENCY:

Buyer represents to Seller that Buyer has not ceased to pay its debts in the ordinary course of business, that it can pay its debts as they become due, and that Buyer is solvent within the meaning of the federal bankruptcy act.

### LITIGATION:

In the event of litigation, the prevailing party shall be entitled to be reimbursed for reasonable attorney's fees and costs of suit.

### CLAIMS:

All claims for defective material, shortages and discrepancies are waived unless made in writing within 30 days of receipt of delivery.

### SURCHARGES:

The total amount due from the Customer may include various itemized charges, including: charges for the handling of hazardous materials and for compliance with laws and regulations concerning hazardous materials; charges for handling, delivery and shipping; and/or charges for energy or fuel. None of the charges represent a tax or fee paid to or imposed by any governmental authority, and all of the charges are retained by Seller.

### DISCLOSURE STATEMENT

In compliance with the Federal Truth-In Lending Act, if applicable, Buyer may be charged any amount approved by Seller's credit department, subject to the following conditions: NO LATE CHARGE IF THE ACCOUNT IS PAID WITHIN 30 DAYS. ALL INVOICES UNPAID 30 DAYS FROM DELIVERY ARE SUBJECT TO A LATE CHARGE OF 1.5% PER MONTH (ANNUAL PERCENTAGE RATE OF 18%) OR A MINIMUM OF \$1.00 ON THE BALANCE DUE.

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087167  
Vendor Name: Praxair/Gas Tech  
Invoice Number: 84168117  
Invoice Date: 07/22/18  
PO Number:  
Check Number: 0238110  
Check Amount: \$ 3,835.86  
Check Date: 08/15/2018  
Department ID: 00285  
Reviewer Name: Bridget McFarland  
Voucher Number: V0521691  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: mcfarl@cod.edu  
Sent: Wed Jul 25 11:52:35 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 elnvoice <praxair@notify-now.com>

**Sent:** Wednesday, July 25, 2018 6:06 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](mailto: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        | 07/22/2018 | 84168117       | 333.03     |

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

26968 (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 84168117100000333038

PLEASE DETACH AND RETURN TO PRAXAIR WITH PAYMENT

**QUESTIONS:**

PLEASE REFER INQUIRIES REGARDING THIS INVOICE TO:

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

**COMMENTS:**

Please note the format of your invoice has changed and now includes more information to help you manage your Praxair account.

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**07/30/18 - KRISTINE FAY**

| RENTAL DETAIL AND DESCRIPTION                                                                                                                                                                             |                                                        | TERMS:                                                                                                                                                                                                                                                                                                                                                                                  |          | Net 30 Days |         |              | PAYMENT DUE: 8/21/2018 |                 |            |                |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|---------|--------------|------------------------|-----------------|------------|----------------|---------|
| 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:84168117                                                                                                                                                                                       | CUSTOMER:71966561 DATE:7/22/2018                       |                                                                                                                                                                                                                                                                                                                                                                                         |          |             |         |              |                        |                 |            |                |         |
| CUSTOMER PO / RELEASE PERIOD                                                                                                                                                                              | 6/20/2018 TO 7/20/2018                                 |                                                                                                                                                                                                                                                                                                                                                                                         |          |             |         |              |                        |                 |            |                |         |
|                                                                                                                                                                                                           | SHIP TO ACCOUNT: 71966561<br>--CYLINDER RENT SUMMARY-- |                                                                                                                                                                                                                                                                                                                                                                                         |          |             |         |              |                        |                 |            |                |         |
| RNTU020                                                                                                                                                                                                   | Fuel gas < 200lbs                                      |                                                                                                                                                                                                                                                                                                                                                                                         | 3        |             | 3       |              | R2                     | 90              | 0.1550     | 13.95          | N       |
| RNTU130                                                                                                                                                                                                   | Industrial Acetylene                                   |                                                                                                                                                                                                                                                                                                                                                                                         | 17       |             | 17      |              | R2                     | 510             | 0.2060     | 105.06         | N       |
| RNTU230                                                                                                                                                                                                   | Ind High Pressure > 100cf                              |                                                                                                                                                                                                                                                                                                                                                                                         | 29       |             | 29      |              | R2                     | 870             | 0.2060     | 179.22         | N       |
| RNTU330                                                                                                                                                                                                   | CO2 >= 50 lbs                                          |                                                                                                                                                                                                                                                                                                                                                                                         | 2        |             | 2       |              | R2                     | 60              | 0.58       | 34.80          | N       |
| INVOICE REVIEWED<br>OKAY TO PAY<br>BRIDGET MCFARLAND 07/30/18                                                                                                                                             |                                                        |                                                                                                                                                                                                                                                                                                                                                                                         |          |             |         |              |                        |                 |            |                |         |
| 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 |         |
|                                                                                                                                                                                                           |                                                        |                                                                                                                                                                                                                                                                                                                                                                                         |          |             |         | 333.03       |                        | 0.00            |            | USD \$         | 333.03  |

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087167  
Vendor Name: Praxair/Gas Tech  
Invoice Number: 84133127  
Invoice Date: 07/22/18  
PO Number: B0358982  
Check Number: 0238110  
Check Amount: \$ 3,835.86  
Check Date: 08/15/2018  
Department ID: 00073  
Reviewer Name: Bridget McFarland  
Voucher Number: V0522072  
Redaction Type: None  
Document Type: AP Invoice

Document Below

| PAGE   | CUSTOMER NUMBER | DATE       | INVOICE NUMBER | AMOUNT DUE |
|--------|-----------------|------------|----------------|------------|
| 1 OF 1 | 71424919        | 07/22/2018 | 84133127       | 71.93      |

5730- 1/1: 5762 (A1)

Bill to  
COLLEGE OF DUPAGE  
ATTN ACCOUNTS PAYABLE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

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

Ship to  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
HVAC INSTRUCTION DEH  
GLEN ELLYN IL 60137



**APPROVED**  
**08/08/18 - KRISTINE FAY**

71424919 84133127100000071936

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| <b>QUESTIONS:</b>                                                                                          |
| PLEASE REFER INQUIRIES REGARDING THIS INVOICE TO:                                                          |
| PRAXAIR DISTRIBUTION, INC.<br>CUSTOMER SERVICE<br>12000 ROOSEVELT RD<br>HILLSDALE IL 60162<br>800-266-4369 |

|                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------|
| <b>COMMENTS:</b>                                                                                                                 |
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| Pay your bill online at <a href="http://www.praxairdirect.com/billpay">www.praxairdirect.com/billpay</a> or call 1-800-266-4369. |

| RENTAL DETAIL AND DESCRIPTION                                                                                                                                                                             |                                                      | TERMS:                                                                                                                                                                                                                                                                                                                                                                                  |          | Net 30 Days |         |              | PAYMENT DUE: 8/21/2018 |                 |            |                |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|---------|--------------|------------------------|-----------------|------------|----------------|---------|
| 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:84133127                                                                                                                                                                                       | CUSTOMER:71424919 DATE:7/22/2018                     |                                                                                                                                                                                                                                                                                                                                                                                         |          |             |         |              |                        |                 |            |                |         |
| CUSTOMER PO / RELEASE PERIOD                                                                                                                                                                              | 193009S<br>6/20/2018 TO 7/20/2018                    |                                                                                                                                                                                                                                                                                                                                                                                         |          |             |         |              |                        |                 |            |                |         |
|                                                                                                                                                                                                           | SHIP TO ACCOUNT: 76154733<br>-CYLINDER RENT SUMMARY- |                                                                                                                                                                                                                                                                                                                                                                                         |          |             |         |              |                        |                 |            |                |         |
| RNTU130                                                                                                                                                                                                   | Industrial Acetylene                                 | -9                                                                                                                                                                                                                                                                                                                                                                                      |          |             | -9      |              | R2                     |                 |            |                | N       |
| RNTU210                                                                                                                                                                                                   | Ind High Pressure < 100cf                            | -6                                                                                                                                                                                                                                                                                                                                                                                      |          |             | -6      |              | R2                     |                 |            |                | N       |
| RNTU230                                                                                                                                                                                                   | Ind High Pressure > 100cf                            | 8                                                                                                                                                                                                                                                                                                                                                                                       |          |             | 8       |              | R2                     | 240             | 0.1960     | 47.04          | N       |
| RNTU888                                                                                                                                                                                                   | PROPANE RACK/CAGE                                    | 2                                                                                                                                                                                                                                                                                                                                                                                       |          |             | 2       |              | R1                     | 2               | 5.25       | 10.50          | N       |
| UMZGOVM1                                                                                                                                                                                                  | SAFETY & ENVIRONMENTAL SERV FE                       |                                                                                                                                                                                                                                                                                                                                                                                         | 1        |             |         |              | EA                     |                 | 14.39      | 14.39          | N       |
| <div>INVOICE REVIEWED<br/>OKAY TO PAY<br/>BRIDGET MCFARLAND 08/06/18</div>                                                                                                                                |                                                      |                                                                                                                                                                                                                                                                                                                                                                                         |          |             |         |              |                        |                 |            |                |         |
| 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 |         |
|                                                                                                                                                                                                           |                                                      |                                                                                                                                                                                                                                                                                                                                                                                         |          |             |         | 71.93        |                        | 0.00            |            | USD \$         | 71.93   |

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Customer understands and agrees that title to cylinders and equipment remains with the Seller, except in the case of a sale of cylinders, or equipment. In such event, title shall pass to Customer when invoices rendered covering said cylinders or equipment are paid in full. Customer assumes all liability for damages from accidents caused by or incurred in the use or transportation of said cylinders and/or equipment. Customer shall defend, indemnify and hold harmless Seller, its officers, agents, and employees from any and all damages and/or liability to any person whomsoever, arising out of or resulting from the usage, storage, or transportation of said cylinders, and/or equipment by the Customer or anyone while they are in the custody of the Customer. The Customer acknowledges receipt of the cylinders and/or equipment in good working condition and repair and agrees to return them in as good condition subject to reasonable wear and tear. Customer shall be liable for all damage to or loss of the cylinders and/or equipment regardless of the cause until they have been returned to, and receipted for, by the Seller. In the event of any accident involving said cylinders and/or equipment, Customer shall promptly furnish to Seller a complete report in writing, with names and addresses of witnesses and parties involved and Customer shall make all reports required by law. Seller will not be liable for any special, indirect, incidental or consequential damages, whether arising from negligence, warranty, strict liability or otherwise.

### USE RESTRICTIONS:

None of the above cylinders and/or equipment shall be sublet or loaned by the Customer, nor shall it be removed from the location of the job for which it was intended to be used as above set forth, nor shall it be removed from the county in which it was delivered to Customer, except by prior written consent of Seller. If the law requires the user to be licensed, Customer shall not use or permit use without such license. In the event of damage, breakage, or mechanical failure of said cylinders and/or equipment for any cause, Customer, at its own expense, shall forthwith return the cylinders and/or equipment to Seller. Customer is not authorized, without prior written consent of Seller, to expend any money or incur any expense for Seller's or Customer's account for repairs to said cylinders and/or equipment. Seller may terminate any lease at any time by tender to Customer of unused rent in which event Customer shall forthwith return cylinders and/or equipment to the Seller at such place, within the county, as the Seller shall designate. Customer shall, at its own expense, maintain liability and fire insurance and such other insurance as Seller may request at the time of such leasing. In the event of the insolvency or bankruptcy of the Customer, or in the event the Customer violates any of the terms hereof, or fails to return the cylinders and/or equipment or in the event the cylinders and/or equipment are levied upon by any legal process, such lease shall, without notice, immediately terminate and all rights of the Customer to possession of the cylinders and/or equipment shall immediately terminate. Seller may repossess the same or any part thereof with or without notice and with or without legal process, and Seller and its agents are hereby authorized to go upon Customer's property and remove impediments and may use all force necessary to repossess said cylinders and/or equipment, and Customer hereby, for itself and its employees expressly waives all damages and claims of damage or trespass, physical or pecuniary, caused by the Seller in the process of taking and removing said cylinders and/or equipment. In the event of any breach by the Customer hereunder, said Customer promises and agrees to pay all expenses of enforcement hereof and the costs of retaking said cylinders and/or equipment and the Seller shall be entitled to judgement for such expenses and for all rentals, merchandise, product and damages due hereunder, and for reasonable attorney's fees and court costs.

### NOTICE OF NON-WAIVER:

The failure by the Seller, at any one or more time, to insist upon the strict performance by the Customer of the covenants, conditions and/or terms of this agreement, shall not be construed as a waiver of Seller's right to demand strict compliance with and performance of all covenants, conditions and/or terms hereof. Notice of demand for strict compliance is hereby waived by the Customer.

### RETURNED MERCHANDISE:

Original invoice must accompany merchandise, product, cylinders or equipment returned for credit.

### RE STOCKING:

Restocking and handling charges will be made on regularly inventoried merchandise, product, cylinders or equipment returned. Special order items are not subject to return for credit.

### RENTED CYLINDERS AND ITEMS:

By accepting rented cylinders or rented equipment, Buyer agrees to: return rented cylinders to Seller on demand; be responsible for any loss or damage to rented cylinders or equipment and to reimburse Seller at the current rate of charges for such loss or damage; indemnify Seller against all loss arising from injuries to persons, or damage to property connected with the use of the rented cylinders or equipment and/or the contents of the cylinders; reimburse Seller for any reasonable cost and/or attorney's fees incurred by Seller in collecting payment due or enforcing the terms of these conditions, and be responsible for cylinder or equipment to proper care, maintenance, loss of or damage to them (normal wear and tear expected) until they are returned to Seller. PLEASE NOTE: YOUR PAYMENT OF THIS INVOICE IS YOUR ACKNOWLEDGMENT THAT THE CYLINDER RENTAL BALANCE OF OUR CYLINDERS IN YOUR HANDS SHOWN ON THIS INVOICE IS CORRECT AT THE CLOSE OF BUSINESS ON THE DATE SHOWN ON THIS INVOICE.

### CUSTOMER'S REPRESENTATION OF SOLVENCY:

Buyer represents to Seller that Buyer has not ceased to pay its debts in the ordinary course of business, that it can pay its debts as they become due, and that Buyer is solvent within the meaning of the federal bankruptcy act.

### LITIGATION:

In the event of litigation, the prevailing party shall be entitled to be reimbursed for reasonable attorney's fees and costs of suit.

### CLAIMS:

All claims for defective material, shortages and discrepancies are waived unless made in writing within 30 days of receipt of delivery.

### SURCHARGES:

The total amount due from the Customer may include various itemized charges, including: charges for the handling of hazardous materials and for compliance with laws and regulations concerning hazardous materials; charges for handling, delivery and shipping; and/or charges for energy or fuel. None of the charges represent a tax or fee paid to or imposed by any governmental authority, and all of the charges are retained by Seller.

### DISCLOSURE STATEMENT

In compliance with the Federal Truth-In Lending Act, if applicable, Buyer may be charged any amount approved by Seller's credit department, subject to the following conditions: NO LATE CHARGE IF THE ACCOUNT IS PAID WITHIN 30 DAYS. ALL INVOICES UNPAID 30 DAYS FROM DELIVERY ARE SUBJECT TO A LATE CHARGE OF 1.5% PER MONTH (ANNUAL PERCENTAGE RATE OF 18%) OR A MINIMUM OF \$1.00 ON THE BALANCE DUE.

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087167  
Vendor Name: Praxair/Gas Tech  
Invoice Number: 82181592  
Invoice Date: 03/30/18  
PO Number: B0359564  
Check Number: 0238110  
Check Amount: \$ 3,835.86  
Check Date: 08/15/2018  
Department ID: 00285  
Reviewer Name: Bridget McFarland  
Voucher Number: V0522193  
Redaction Type: None  
Document Type: AP Invoice

Document Below



| PAGE   | CUSTOMER NUMBER | DATE      | INVOICE NUMBER | AMOUNT DUE |
|--------|-----------------|-----------|----------------|------------|
| 1 OF 1 | 71529252        | 3/30/2018 | 82181592       | 79.00      |

COLLEGE OF DUPAGE  
RESPIRATORY DEPARTMENT  
425 FAWELL BLVD  
GLEN ELLYN IL 60137

SHIP TO  
COLLEGE OF DUPAGE  
425 22ND ST  
OCCUPATIONAL VOCATIONAL DEPT  
GLEN ELLYN IL 60137

**AMOUNT ENCLOSED**

71529252 82181592100000000792

# APPROVED

**08/08/18 - KRISTINE FAY**

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

**QUESTIONS:**

PLEASE REFER INQUIRIES REGARDING THIS INVOICE TO:

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

**COMMENTS:**

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](http://www.praxairdirect.com/billpay) or call 1-800-266-4369.

| INVOICE DETAIL AND PURCHASE DESCRIPTION                                                                                                                                                                |                                             | TERMS:                                                                                                                                                                                                                                                                                                                                                                              | Net 30 Days |               |                 |        | PAYMENT DUE: 4/29/2018 |        |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|-----------------|--------|------------------------|--------|-----------------------|
| ITEM NUMBER                                                                                                                                                                                            | ITEM DESCRIPTION                            | QTY<br>SHIP                                                                                                                                                                                                                                                                                                                                                                         | QTY<br>RETN | BACK<br>ORDER | UOM             | VOL/WT | UNIT<br>PRICE          | AMOUNT | TAX<br>Y/N            |
| INVOICE NUMBER: 82181592                                                                                                                                                                               | CUSTOMER: 71529252    DATE: 3/30/2018       |                                                                                                                                                                                                                                                                                                                                                                                     |             |               |                 |        |                        |        |                       |
| SHIP FROM                                                                                                                                                                                              | 70597,PXPKG HILLSIDE IL HS                  |                                                                                                                                                                                                                                                                                                                                                                                     |             |               |                 |        |                        |        |                       |
| ORDER REFERENCE                                                                                                                                                                                        | ORDER# 56751507 DATE 3/29/2018 PT# 76604624 |                                                                                                                                                                                                                                                                                                                                                                                     |             |               |                 |        |                        |        |                       |
| CUSTOMER PO / RELEASE                                                                                                                                                                                  | Customer Pick Up ,                          |                                                                                                                                                                                                                                                                                                                                                                                     |             |               |                 |        |                        |        |                       |
| SHIP VIA                                                                                                                                                                                               | SHIP TO ACCOUNT: 76160710                   |                                                                                                                                                                                                                                                                                                                                                                                     |             |               |                 |        |                        |        |                       |
| TIL6230BS                                                                                                                                                                                              | JACKET FS 9OZ 30 BLUE SMAL                  | 1                                                                                                                                                                                                                                                                                                                                                                                   |             |               | EA              |        | 22.00                  | 22.00  | N                     |
| TIL750S                                                                                                                                                                                                | GLOVES WELD GREY ELKSKIN SML                | 2                                                                                                                                                                                                                                                                                                                                                                                   |             |               | PR              |        | 28.50                  | 57.00  | N                     |
| <b>INVOICE REVIEWED</b><br><b>OKAY TO PAY</b><br><b>BRIDGET MCFARLAND 08/06/18</b>                                                                                                                     |                                             |                                                                                                                                                                                                                                                                                                                                                                                     |             |               |                 |        |                        |        |                       |
| ACCOUNTS PAST DUE WILL BE CHARGED A SERVICE CHARGE THE GREATER 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 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. |             |               | <b>SUBTOTAL</b> |        | <b>TAX AMOUNT</b>      |        | <b>INVOICE AMOUNT</b> |
|                                                                                                                                                                                                        |                                             | 79.00                                                                                                                                                                                                                                                                                                                                                                               |             | 0.00          |                 | USD \$ | 79.00                  |        |                       |

71529252

70018

70597

**N**

-----  
From: Morgan\_Ballard@Praxair.com  
Sent: Tue Jul 31 15:08:08 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: Documents  
-----

See attachment.

*Morgan Ballard*  
*Inbound*  
*Phone: (800) 266-4369*  
*Fax: (515) 965-6683*

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*This e-mail, including any attachments, is intended solely for the person or entity to which it is addressed and may contain confidential, proprietary and/or non-public material. Except as stated above, any review, re-transmission, dissemination or other use of, or taking of any action in reliance upon this information by persons or entities other than an intended recipient is prohibited. If you receive this in error, please so notify the sender and delete the material from any media and destroy any printouts or copies.*

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087167  
Vendor Name: Praxair/Gas Tech  
Invoice Number: 84267057  
Invoice Date: 07/28/18  
PO Number: B0359564  
Check Number: 0238110  
Check Amount: \$ 3,835.86  
Check Date: 08/15/2018  
Department ID: 00285  
Reviewer Name: Bridget McFarland  
Voucher Number: V0522282  
Redaction Type: None  
Document Type: AP Invoice

Document Below

| PAGE   | CUSTOMER NUMBER | DATE       | INVOICE NUMBER | AMOUNT DUE |
|--------|-----------------|------------|----------------|------------|
| 1 OF 1 | 71966561        | 07/28/2018 | 84267057       | 732.83     |

**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

Bill to  
COLLEGE OF DUPAGE  
WELD LAB DIVISION  
425 FAWELL BLVD  
GLEN ELLYN IL 60131-0519

4213 (E-A)  
**APPROVED**

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

**08/08/18 - KRISTINE FAY**

AMOUNT ENCLOSED

71966561 84267057100000732835

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:**

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](http://www.praxairdirect.com/billpay) or call 1-800-266-4369.

| INVOICE DETAIL AND PURCHASE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                  |                                   |          |          | TERMS:     |     | Net 30 Days    |            |        | PAYMENT DUE: 8/27/2018 |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------|----------|------------|-----|----------------|------------|--------|------------------------|--|--|
| ITEM NUMBER                                                                                                                                                                                                                                                                                                                                                                              | ITEM DESCRIPTION                  | QTY SHIP | QTY RETN | BACK ORDER | UOM | VOL/WT         | UNIT PRICE | AMOUNT | TAX Y/N                |  |  |
| INVOICE NO:84267057                                                                                                                                                                                                                                                                                                                                                                      | CUSTOMER:71966561 DATE:7/28/2018  |          |          |            |     |                |            |        |                        |  |  |
| SHIP FROM                                                                                                                                                                                                                                                                                                                                                                                | 70597,PXPKG HILLSIDE IL HS        |          |          |            |     |                |            |        |                        |  |  |
| ORDER REFERENCE                                                                                                                                                                                                                                                                                                                                                                          | 61089483 DT 7/5/2018 PT# 77757094 |          |          |            |     |                |            |        |                        |  |  |
| CUSTOMER PO / RELEASE                                                                                                                                                                                                                                                                                                                                                                    | B0352823 EMAIL                    |          |          |            |     |                |            |        |                        |  |  |
| SHIP VIA                                                                                                                                                                                                                                                                                                                                                                                 | Our Truck                         |          |          |            |     |                |            |        |                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                          | SHIP TO ACCOUNT: 71966561         |          |          |            |     |                |            |        |                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                          | DAVID ELLIS                       |          |          |            |     |                |            |        |                        |  |  |
| AR T                                                                                                                                                                                                                                                                                                                                                                                     | ARGON T                           | 10       | 4        |            | CO  |                | 37.08      | 370.80 | N                      |  |  |
| OX T                                                                                                                                                                                                                                                                                                                                                                                     | OXYGEN T                          | 6        | 5        |            | CO  |                | 13.20      | 79.20  | N                      |  |  |
| AR STAR14-T                                                                                                                                                                                                                                                                                                                                                                              | STARGOLD C25 ARG-CO2 25% T        | 6        | 4        |            | CO  |                | 36.59      | 219.54 | N                      |  |  |
| PR A33                                                                                                                                                                                                                                                                                                                                                                                   | PROPANE ALUM 7.3 GALLONS          |          | 1        |            | CO  |                |            |        | N                      |  |  |
| AC 5                                                                                                                                                                                                                                                                                                                                                                                     | ACETYLENE #5 VOLUME_____          |          | 4        |            | CO  |                |            |        | N                      |  |  |
| UMSCFCD2                                                                                                                                                                                                                                                                                                                                                                                 | ENERGY AND FUEL CHARGE            | 1        |          |            | EA  |                | 4.00       | 4.00   | N                      |  |  |
| UDELIVERYCHARGE                                                                                                                                                                                                                                                                                                                                                                          | DELIVERY CHARGE                   | 1        |          |            | EA  |                | 27.61      | 27.61  | N                      |  |  |
| UZZZDEMANDCHGCYL                                                                                                                                                                                                                                                                                                                                                                         | DEMAND CHARGE CYLINDERS           | 16       |          |            | EA  |                | 1.98       | 31.68  | N                      |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                          | Total Cylinders Shipped/Returned  | 22       | 18       |            |     |                |            |        |                        |  |  |
| INVOICE REVIEWED                                                                                                                                                                                                                                                                                                                                                                         |                                   |          |          |            |     |                |            |        |                        |  |  |
| OKAY TO PAY                                                                                                                                                                                                                                                                                                                                                                              |                                   |          |          |            |     |                |            |        |                        |  |  |
| BRIDGET MCFARLAND 08/06/18                                                                                                                                                                                                                                                                                                                                                               |                                   |          |          |            |     |                |            |        |                        |  |  |
| 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.                                                                                                                                                                                |                                   | SUBTOTAL |          | TAX AMOUNT |     | INVOICE AMOUNT |            |        |                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                          |                                   | 732.83   |          | 0.00       |     | USD            | \$         | 732.83 |                        |  |  |
| PLEASE NOTE PAYMENT OF THIS INVOICE ACKNOWLEDGES THAT THE ABOVE SHIPMENTS, RETURNS, AND/OR BALANCE OF THE PRAXAIR CYLINDERS IN YOUR POSSESSION ARE 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. |                                   |          |          |            |     |                |            |        |                        |  |  |

PLEASE NOTE PAYMENT OF THIS INVOICE ACKNOWLEDGES THAT THE ABOVE SHIPMENTS, RETURNS, AND/OR BALANCE OF THE PRAXAIR CYLINDER 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.

-----  
From: mcfarl@cod.edu  
Sent: Tue Jul 31 16:31:10 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, July 31, 2018 4:22 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.

----- 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](mailto: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.

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087167  
Vendor Name: Praxair/Gas Tech  
Invoice Number: 82181593  
Invoice Date: 03/30/18  
PO Number: B0359564  
Check Number: 0238110  
Check Amount: \$ 3,835.86  
Check Date: 08/15/2018  
Department ID: 00285  
Reviewer Name: Bridget McFarland  
Voucher Number: V0522320  
Redaction Type: None  
Document Type: AP Invoice

Document Below

| PAGE   | CUSTOMER NUMBER | DATE      | INVOICE NUMBER | AMOUNT DUE |
|--------|-----------------|-----------|----------------|------------|
| 1 OF 1 | 71529252        | 3/30/2018 | 82181593       | 468.46     |

|                                                                                            |
|--------------------------------------------------------------------------------------------|
| <b>REMITTANCE INSTRUCTIONS:</b>                                                            |
| PLEASE SHOW INVOICE NUMBER AND DATE ON REMITTANCE, AND SEND TO:                            |
| PRAXAIR DISTRIBUTION, INC.<br>DEPT CH 10660<br>PALATINE IL 60055-0660<br>Tel# 800-266-4369 |

BILL TO COLLEGE OF DUPAGE  
RESPIRATORY DEPARTMENT  
425 FAWELL BLVD  
GLEN ELLYN IL 60137

SHIP TO COLLEGE OF DUPAGE  
425 22ND ST  
OCCUPATIONAL VOCATIONAL DEPT  
GLEN ELLYN IL 60137

**APPROVED**  
**08/08/18 - KRISTINE FAY**

71529252 82181593100000468469

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

|                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|
| <b>QUESTIONS:</b>                                                                                              |
| PLEASE REFER INQUIRIES REGARDING THIS INVOICE TO:                                                              |
| PRAXAIR DISTRIBUTION, INC.<br>CUSTOMER SERVICE<br>12000 ROOSEVELT RD<br>HILLSIDE IL 60162<br>Tel# 800-266-4369 |

|                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------|
| <b>COMMENTS:</b>                                                                                                                 |
| 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 <a href="http://www.praxairdirect.com/billpay">www.praxairdirect.com/billpay</a> or call 1-800-266-4369. |

| INVOICE DETAIL AND PURCHASE DESCRIPTION                                                                                                                                                                |                                             | TERMS:                                                                                                                                                                                                                                                                                                                                                                             | Net 30 Days |            |          |        | PAYMENT DUE: 4/29/2018 |        |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|----------|--------|------------------------|--------|----------------|
| ITEM NUMBER                                                                                                                                                                                            | ITEM DESCRIPTION                            | QTY SHIP                                                                                                                                                                                                                                                                                                                                                                           | QTY RETN    | BACK ORDER | UOM      | VOL/WT | UNIT PRICE             | AMOUNT | TAX Y/N        |
| INVOICE NUMBER: 82181593                                                                                                                                                                               | CUSTOMER: 71529252    DATE: 3/30/2018       |                                                                                                                                                                                                                                                                                                                                                                                    |             |            |          |        |                        |        |                |
| SHIP FROM                                                                                                                                                                                              | 70597,PXPKG HILLSIDE IL HS                  |                                                                                                                                                                                                                                                                                                                                                                                    |             |            |          |        |                        |        |                |
| ORDER REFERENCE                                                                                                                                                                                        | ORDER# 57011879 DATE 3/29/2018 PT# 76535785 |                                                                                                                                                                                                                                                                                                                                                                                    |             |            |          |        |                        |        |                |
| CUSTOMER PO / RELEASE                                                                                                                                                                                  | Customer Pick Up ,                          |                                                                                                                                                                                                                                                                                                                                                                                    |             |            |          |        |                        |        |                |
| SHIP VIA                                                                                                                                                                                               | SHIP TO ACCOUNT: 76160710                   |                                                                                                                                                                                                                                                                                                                                                                                    |             |            |          |        |                        |        |                |
| PRS27100                                                                                                                                                                                               | Y VALVED OXY B TO B #111 PRS                | 1                                                                                                                                                                                                                                                                                                                                                                                  |             |            | EA       |        | 39.0380                | 39.04  | N              |
| PRS27100                                                                                                                                                                                               | Y VALVED OXY B TO B #111 PRS                | 11                                                                                                                                                                                                                                                                                                                                                                                 |             |            | EA       |        | 39.0380                | 429.42 | N              |
| INVOICE REVIEWED<br>OKAY TO PAY<br>BRIDGET MCFARLAND 08/06/18                                                                                                                                          |                                             |                                                                                                                                                                                                                                                                                                                                                                                    |             |            |          |        |                        |        |                |
| ACCOUNTS PAST DUE WILL BE CHARGED A SERVICE CHARGE THE GREATER 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 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 RECFTPT |             |            | SUBTOTAL |        | TAX AMOUNT             |        | INVOICE AMOUNT |
|                                                                                                                                                                                                        |                                             |                                                                                                                                                                                                                                                                                                                                                                                    |             |            | 468.46   |        | 0.00                   |        | USD \$ 468.46  |

71529252 70018 70597 N

-----  
From: Christina\_D\_Talbert@Praxair.com  
Sent: Thu Aug 02 09:24:48 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: Invoice Copy- 71529252  
-----

See attachment.

Thank you,  
Praxair Distribution, Inc.  
Accounts Receivable  
800-266-4369

P Please consider the environment before printing this e-mail.



*This e-mail, including any attachments, is intended solely for the person or entity to which it is addressed and may contain confidential, proprietary and/or non-public material. Except as stated above, any review, re-transmission, dissemination or other use of, or taking of any action in reliance upon this information by persons or entities other than an intended recipient is prohibited. If you receive this in error, please so notify the sender and delete the material from any media and destroy any printouts or copies.*

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087167  
Vendor Name: Praxair/Gas Tech  
Invoice Number: 83182866  
Invoice Date: 05/25/18  
PO Number: B0359564  
Check Number: 0238110  
Check Amount: \$ 3,835.86  
Check Date: 08/15/2018  
Department ID: 00285  
Reviewer Name: Bridget McFarland  
Voucher Number: V0522784  
Redaction Type: None  
Document Type: AP Invoice

Document Below

| PAGE   | CUSTOMER NUMBER | DATE      | INVOICE NUMBER | AMOUNT DUE |
|--------|-----------------|-----------|----------------|------------|
| 1 OF 1 | 71966561        | 5/25/2018 | 83182866       | 43.05      |

|                                                                                            |
|--------------------------------------------------------------------------------------------|
| <b>REMITTANCE INSTRUCTIONS:</b>                                                            |
| PLEASE SHOW INVOICE NUMBER AND DATE ON REMITTANCE, AND SEND TO:                            |
| PRAXAIR DISTRIBUTION, INC.<br>DEPT CH 10660<br>PALATINE IL 60055-0660<br>Tel# 800-266-4369 |

BILL TO COLLEGE OF DUPAGE  
WELD LAB DIVISION  
425 FAWELL BLVD  
GLEN ELLYN IL 60137

SHIP TO COLLEGE OF DUPAGE  
WELD LAB DIVISION  
425 FAWELL BLVD  
GLEN ELLYN IL 60137

**APPROVED**  
**08/08/18 - KRISTINE FAY**

71966561 83182866100000043053

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

**APPROVED**  
**07/30/18 - KIRK OVERSTREET**

| INVOICE DETAIL AND PURCHASE DESCRIPTION                     |                  | TERMS:   | Net 30 Days |            |     |        | PAYMENT DUE: 6/24/2018 |        |         |
|-------------------------------------------------------------|------------------|----------|-------------|------------|-----|--------|------------------------|--------|---------|
| ITEM NUMBER                                                 | ITEM DESCRIPTION | QTY SHIP | QTY RETN    | BACK ORDER | UOM | VOL/WT | UNIT PRICE             | AMOUNT | TAX Y/N |
| INVOICE NUMBER: 83182866 CUSTOMER: 71966561 DATE: 5/25/2018 |                  |          |             |            |     |        |                        |        |         |
| SHIP FROM 70597,PXPKG HILLSIDE IL HS                        |                  |          |             |            |     |        |                        |        |         |
| ORDER REFERENCE ORDER# 59839845 DATE 5/24/2018 PT# 77320431 |                  |          |             |            |     |        |                        |        |         |
| CUSTOMER PO / RELEASE B0352823                              |                  |          |             |            |     |        |                        |        |         |
| SHIP VIA Customer Pick Up ,                                 |                  |          |             |            |     |        |                        |        |         |
| PRSS7007 TIP CLEANER SET PRS CARDED                         |                  | 2        |             |            | EA  |        | 5.2428                 | 10.49  | N       |
| TIL750L GLOVES WELD GREY ELKSKIN LRG                        |                  | 1        |             |            | PR  |        | 19.00                  | 19.00  | N       |
| PRS6901L GLOVES HI DEX GRIP L                               |                  | 1        |             |            | PR  |        | 13.56                  | 13.56  | N       |

**INVOICE REVIEWED**  
**OKAY TO PAY**

**BRIDGET MCFARLAND 08/06/18**

|                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                     |                 |                   |                       |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|-----------------------|-------|
| ACCOUNTS PAST DUE WILL BE CHARGED A SERVICE CHARGE THE GREATER OF \$1.00 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 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. | <b>SUBTOTAL</b> | <b>TAX AMOUNT</b> | <b>INVOICE AMOUNT</b> |       |
|                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                     | 43.05           | 0.00              | USD \$                | 43.05 |

-----  
From: cruseb199@cod.edu  
Sent: Tue Jul 17 09:54:02 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: FW: 71966561 COLLEGE OF DUPAGE  
-----

Thanks

Bethany Cruse  
AP Lead  
College of DuPage  
Room SRC 2132  
425 Fawell Boulevard  
Glen Ellyn, IL 60137  
630-942-4294  
cruseb199@cod.edu

**From:** Zach\_Eberle@Praxair.com <Zach\_Eberle@Praxair.com>  
**Sent:** Tuesday, July 17, 2018 9:52 AM  
**To:** Cruse, Bethany <cruseb199@cod.edu>  
**Subject:** 71966561 COLLEGE OF DUPAGE

Good Morning,

I have attached copies of the requested invoices for your review.

Thank you,  
Zach Eberle  
AR Account Manager  
Praxair Distribution Inc.  
Direct Phone: 1-(800)-266-4369 Ext. 26189  
Fax # 1-(515)-963-1191  
zach\_eberle@praxair.com

---

*This e-mail, including any attachments, is intended solely for the person or entity to which it is addressed and may contain confidential, proprietary and/or non-public material. Except as stated above, any review, re-transmission, dissemination or other use of, or taking of any action in reliance upon this information by persons or entities other than an intended recipient is prohibited. If you receive this in error, please so notify the sender and delete the material from any media and destroy any printouts or copies.*

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087167  
Vendor Name: Praxair/Gas Tech  
Invoice Number: 81888057  
Invoice Date: 03/14/18  
PO Number: B0359564  
Check Number: 0238110  
Check Amount: \$ 3,835.86  
Check Date: 08/15/2018  
Department ID: 00285  
Reviewer Name: Bridget McFarland  
Voucher Number: V0522787  
Redaction Type: None  
Document Type: AP Invoice

Document Below

| PAGE   | CUSTOMER NUMBER | DATE      | INVOICE NUMBER | AMOUNT DUE |
|--------|-----------------|-----------|----------------|------------|
| 1 OF 1 | 71966561        | 3/14/2018 | 81888057       | 517.48     |

|                                                                                            |
|--------------------------------------------------------------------------------------------|
| <b>REMITTANCE INSTRUCTIONS:</b>                                                            |
| PLEASE SHOW INVOICE NUMBER AND DATE ON REMITTANCE, AND SEND TO:                            |
| PRAXAIR DISTRIBUTION, INC.<br>DEPT CH 10660<br>PALATINE IL 60055-0660<br>Tel# 800-266-4369 |

BILL TO COLLEGE OF DUPAGE  
WELD LAB DIVISION  
425 FAWELL BLVD  
GLEN ELLYN IL 60137

SHIP TO COLLEGE OF DUPAGE  
WELD LAB DIVISION  
425 FAWELL BLVD  
GLEN ELLYN IL 60137

**APPROVED** AMOUNT ENCLOSED

**07/30/18 - KIRK OVERSTREET**

71966561 81888057 100000517489

**APPROVED**

**08/08/18 - KRISTINE FAY**

**QUESTIONS:**

PLEASE REFER INQUIRIES REGARDING THIS INVOICE TO:

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

**COMMENTS:**

Please note the format of your invoice has changed and now includes more information to help you manage your Praxair account.

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Pay your bill online at [www.praxairdirect.com/billpay](http://www.praxairdirect.com/billpay) or call 1-800-266-4369.

| INVOICE DETAIL AND PURCHASE DESCRIPTION |                                                                      | TERMS:   | Net 30 Days |            |     |        | PAYMENT DUE: 4/13/2018 |        |         |
|-----------------------------------------|----------------------------------------------------------------------|----------|-------------|------------|-----|--------|------------------------|--------|---------|
| ITEM NUMBER                             | ITEM DESCRIPTION                                                     | QTY SHIP | QTY RETN    | BACK ORDER | UOM | VOL/WT | UNIT PRICE             | AMOUNT | TAX Y/N |
| INVOICE NUMBER: 81888057                | CUSTOMER: 71966561    DATE: 3/14/2018                                |          |             |            |     |        |                        |        |         |
| SHIP FROM                               | 70597,PXPKG HILLSIDE IL HS                                           |          |             |            |     |        |                        |        |         |
| ORDER REFERENCE                         | ORDER# 56876004 DATE 3/13/2018 PT#                                   |          |             |            |     |        |                        |        |         |
| CUSTOMER PO /RELEASE                    | B0352823 EMAIL                                                       |          |             |            |     |        |                        |        |         |
| SHIP VIA                                | Our Truck ,<br>SHIP TO ACCOUNT: 71966561<br>DAVID ELLIS 630-942-2527 |          |             |            |     |        |                        |        |         |
| AR STAR14-T                             | STARGOLD C25 ARG-CO2 25% T                                           | 3        | 4           |            | CO  |        | 36.59                  | 109.77 | N       |
| AR T                                    | ARGON T                                                              | 6        | 8           |            | CO  |        | 37.08                  | 222.48 | N       |
| OX T                                    | OXYGEN T                                                             | 6        | 6           |            | CO  |        | 13.20                  | 79.20  | N       |
| PR A33                                  | PROPANE ALUM 7.3 GALLONS                                             | 2        |             |            | CO  |        | 28.80                  | 57.60  | N       |
| AC 5                                    | ACETYLENE #5 VOLUME _____                                            |          | 8           |            | CO  |        |                        |        | N       |
| UMSCFCD2                                | ENERGY AND FUEL CHARGE                                               | 1        |             |            | EA  |        | 4.00                   | 4.00   | N       |
| UDELIVERYCHARGE                         | DELIVERY CHARGE                                                      | 1        |             |            | EA  |        | 26.61                  | 26.61  | N       |
| UZZZDEMANDCHGCVL                        | DEMAND CHARGE CYLINDERS                                              | 9        |             |            | EA  |        | 1.98                   | 17.82  | N       |
| Total Cylinders Shipped/Returned        |                                                                      | 17       | 26          |            |     |        |                        |        |         |

**INVOICE REVIEWED**

**OKAY TO PAY**

**BRIDGET MCFARLAND 08/06/18**

|                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                     |  |                 |                   |                       |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|-------------------|-----------------------|--------|
| ACCOUNTS PAST DUE WILL BE CHARGED A SERVICE CHARGE THE GREATER 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 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. |  | <b>SUBTOTAL</b> | <b>TAX AMOUNT</b> | <b>INVOICE AMOUNT</b> |        |
|                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                     |  | 517.48          | 0.00              | USD \$                | 517.48 |

-----  
From: cruseb199@cod.edu  
Sent: Tue Jul 17 09:53:27 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: FW: 71966561 COLLEGE OF DUPAGE  
-----

Thanks

Bethany Cruse  
AP Lead  
College of DuPage  
Room SRC 2132  
425 Fawell Boulevard  
Glen Ellyn, IL 60137  
630-942-4294  
cruseb199@cod.edu

**From:** Zach\_Eberle@Praxair.com <Zach\_Eberle@Praxair.com>  
**Sent:** Tuesday, July 17, 2018 9:52 AM  
**To:** Cruse, Bethany <cruseb199@cod.edu>  
**Subject:** 71966561 COLLEGE OF DUPAGE

Good Morning,

I have attached copies of the requested invoices for your review.

Thank you,  
Zach Eberle  
AR Account Manager  
Praxair Distribution Inc.  
Direct Phone: 1-(800)-266-4369 Ext. 26189  
Fax # 1-(515)-963-1191  
zach\_eberle@praxair.com

---

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Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087167  
Vendor Name: Praxair/Gas Tech  
Invoice Number: 81902672  
Invoice Date: 03/15/18  
PO Number: B0359564  
Check Number: 0238110  
Check Amount: \$ 3,835.86  
Check Date: 08/15/2018  
Department ID: 00285  
Reviewer Name: Bridget McFarland  
Voucher Number: V0522790  
Redaction Type: None  
Document Type: AP Invoice

Document Below

| PAGE   | CUSTOMER NUMBER | DATE      | INVOICE NUMBER | AMOUNT DUE |
|--------|-----------------|-----------|----------------|------------|
| 1 OF 1 | 71966561        | 3/15/2018 | 81902672       | 521.14     |

BILL TO COLLEGE OF DUPAGE  
WELD LAB DIVISION  
425 FAWELL BLVD  
GLEN ELLYN IL 60137

SHIP TO COLLEGE OF DUPAGE  
WELD LAB DIVISION  
425 FAWELL BLVD  
GLEN ELLYN IL 60137

AMOUNT ENCLOSED

|                                                                                            |
|--------------------------------------------------------------------------------------------|
| <b>REMITTANCE INSTRUCTIONS:</b>                                                            |
| PLEASE SHOW INVOICE NUMBER AND DATE ON REMITTANCE, AND SEND TO:                            |
| PRAXAIR DISTRIBUTION, INC.<br>DEPT CH 10660<br>PALATINE IL 60055-0660<br>Tel# 800-266-4369 |

71966561 81902672100000521147

**APPROVED**  
**08/08/18 - KRISTINE**

**QUESTIONS:**  
PLEASE REFER INQUIRIES REGARDING THIS INVOICE TO:  
PRAXAIR DISTRIBUTION, INC.  
CUSTOMER SERVICE  
12000 ROOSEVELT RD  
HILLSIDE IL 60162  
Tel# 800-266-4369

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

**APPROVED**  
**07/30/18 - KIRK OVERSTREET**

**COMMENTS:**  
Please note the format of your invoice has changed and now includes more information to help you manage your Praxair account.  
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Pay your bill online at [www.praxairdirect.com/billpay](http://www.praxairdirect.com/billpay) or call 1-800-266-4369.

| INVOICE DETAIL AND PURCHASE DESCRIPTION                                    |                                       |          |          | TERMS:     | Net 30 Days |        |            | PAYMENT DUE: 4/14/2018 |         |  |
|----------------------------------------------------------------------------|---------------------------------------|----------|----------|------------|-------------|--------|------------|------------------------|---------|--|
| ITEM NUMBER                                                                | ITEM DESCRIPTION                      | QTY SHIP | QTY RETN | BACK ORDER | UOM         | VOL/WT | UNIT PRICE | AMOUNT                 | TAX Y/N |  |
| INVOICE NUMBER: 81902672                                                   | CUSTOMER: 71966561    DATE: 3/15/2018 |          |          |            |             |        |            |                        |         |  |
| SHIP FROM                                                                  | 70597,PXPKG HILLSIDE IL HS            |          |          |            |             |        |            |                        |         |  |
| ORDER REFERENCE                                                            | ORDER# 56927173 DATE 3/14/2018 PT#    |          |          |            |             |        |            |                        |         |  |
| CUSTOMER PO / RELEASE                                                      | B0352823    PHONE                     |          |          |            |             |        |            |                        |         |  |
| SHIP VIA                                                                   | Our Truck ,                           |          |          |            |             |        |            |                        |         |  |
|                                                                            | SHIP TO ACCOUNT: 71966561             |          |          |            |             |        |            |                        |         |  |
|                                                                            | DAVID ELLIS 630-942-2527              |          |          |            |             |        |            |                        |         |  |
| AC 5                                                                       | ACETYLENE #5 VOLUME _____             | 4        |          |            | CO          | 1320CF | 0.3598     | 474.94                 | N       |  |
| UMSCFCD2                                                                   | ENERGY AND FUEL CHARGE                | 1        |          |            | EA          |        |            |                        | N       |  |
| UDELIVERYCHARGE                                                            | DELIVERY CHARGE                       | 1        |          |            | EA          |        |            |                        | N       |  |
| USURAC                                                                     | ACETYLENE CONTINGENCY                 | 1320     |          |            | EA          |        | 0.0350     | 46.20                  | N       |  |
|                                                                            | Total Cylinders Shipped/Returned      | 4        |          |            |             |        |            |                        |         |  |
| <div>INVOICE REVIEWED<br/>OKAY TO PAY<br/>BRIDGET MCFARLAND 08/06/18</div> |                                       |          |          |            |             |        |            |                        |         |  |
|                                                                            |                                       |          |          |            |             |        |            |                        |         |  |
|                                                                            |                                       |          |          |            |             |        |            |                        |         |  |
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|                                                                            |                                       |          |          |            |             |        |            |                        |         |  |
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|                                                                            |                                       |          |          |            |             |        |            |                        |         |  |
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|                                                                            |                                       |          |          |            |             |        |            |                        |         |  |
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|                                                                            |                                       |          |          |            |             |        |            |                        |         |  |
|                                                                            |                                       |          |          |            |             |        |            |                        |         |  |
|                                                                            |                                       |          |          |            |             |        |            |                        |         |  |

-----  
From: cruseb199@cod.edu  
Sent: Tue Jul 17 09:53:37 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: FW: 71966561 COLLEGE OF DUPAGE  
-----

Thanks

Bethany Cruse  
AP Lead  
College of DuPage  
Room SRC 2132  
425 Fawell Boulevard  
Glen Ellyn, IL 60137  
630-942-4294  
cruseb199@cod.edu

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**Sent:** Tuesday, July 17, 2018 9:52 AM  
**To:** Cruse, Bethany <cruseb199@cod.edu>  
**Subject:** 71966561 COLLEGE OF DUPAGE

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Thank you,  
Zach Eberle  
AR Account Manager  
Praxair Distribution Inc.  
Direct Phone: 1-(800)-266-4369 Ext. 26189  
Fax # 1-(515)-963-1191  
zach\_eberle@praxair.com

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Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087167  
Vendor Name: Praxair/Gas Tech  
Invoice Number: 82592271  
Invoice Date: 04/22/18  
PO Number: B0359564  
Check Number: 0238110  
Check Amount: \$ 3,835.86  
Check Date: 08/15/2018  
Department ID: 00285  
Reviewer Name: Bridget McFarland  
Voucher Number: V0522792  
Redaction Type: None  
Document Type: AP Invoice

Document Below

| PAGE   | CUSTOMER NUMBER | DATE      | INVOICE NUMBER | AMOUNT DUE |
|--------|-----------------|-----------|----------------|------------|
| 1 OF 1 | 71966561        | 4/22/2018 | 82592271       | 371.32     |

|                                                                                            |
|--------------------------------------------------------------------------------------------|
| <b>REMITTANCE INSTRUCTIONS:</b>                                                            |
| PLEASE SHOW INVOICE NUMBER AND DATE ON REMITTANCE, AND SEND TO:                            |
| PRAXAIR DISTRIBUTION, INC.<br>DEPT CH 10660<br>PALATINE IL 60055-0660<br>Tel# 800-266-4369 |

BILL TO  
COLLEGE OF DUPAGE  
WELD LAB DIVISION  
425 FAWELL BLVD  
GLEN ELLYN IL 60137

SHIP TO  
COLLEGE OF DUPAGE  
WELD LAB DIVISION  
425 FAWELL BLVD  
GLEN ELLYN IL 60137

|                                   |  |
|-----------------------------------|--|
| AMOUNT ENCLOSED                   |  |
| <b>APPROVED</b>                   |  |
| <b>07/30/18 - KIRK OVERSTREET</b> |  |
| <b>APPROVED</b>                   |  |
| <b>08/08/18 - KRISTH</b>          |  |

**QUESTIONS:**

PLEASE REFER INQUIRIES REGARDING THIS INVOICE TO:

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

**COMMENTS:**

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](http://www.praxairdirect.com/billpay) or call 1-800-266-4369.

| RENTAL DETAIL AND DESCRIPTION      |                           | TERMS:  |          | Net 30 Days |         |        |     | PAYMENT DUE: 5/22/2018 |            |        |         |
|------------------------------------|---------------------------|---------|----------|-------------|---------|--------|-----|------------------------|------------|--------|---------|
| ITEM NUMBER                        | ITEM DESCRIPTION          | BEG BAL | CYL SHIP | CYL RETN    | END BAL | OFFSET | TYP | SUBJECT TO RENT        | UNIT PRICE | AMOUNT | TAX Y/N |
| INVOICE NUMBER: 82592271           |                           |         |          |             |         |        |     |                        |            |        |         |
| CUSTOMER: 71966561 DATE: 4/22/2018 |                           |         |          |             |         |        |     |                        |            |        |         |
| CUSTOMER PO / RELEASE PERIOD       |                           |         |          |             |         |        |     |                        |            |        |         |
| B0352823                           |                           |         |          |             |         |        |     |                        |            |        |         |
| 3/20/2018 TO 4/20/2018             |                           |         |          |             |         |        |     |                        |            |        |         |
| SHIP TO ACCOUNT: 71966561          |                           |         |          |             |         |        |     |                        |            |        |         |
| --CYLINDER RENT SUMMARY--          |                           |         |          |             |         |        |     |                        |            |        |         |
| RNTU020                            | Fuel gas < 200lbs         | 2       | 4        | 3           | 3       |        | R2  | 69                     | 0.1550     | 10.70  |         |
| RNTU130                            | Industrial Acetylene      | 17      | 4        | 4           | 17      |        | R2  | 531                    | 0.2060     | 109.39 |         |
| RNTU230                            | Ind High Pressure > 100cf | 32      | 20       | 9           | 43      |        | R2  | 1045                   | 0.2060     | 215.27 |         |
| RNTU330                            | CO2 >= 50 lbs             | 2       |          |             | 2       |        | R2  | 62                     | 0.58       | 35.96  |         |

|                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                       |          |            |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|----------------|
| ACCOUNTS PAST DUE WILL BE CHARGED A SERVICE CHARGE (THE GREATER 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 IS DUE AT THE ABOVE SHIPMENTS, RETURNS, AND/OR BALANCE OF 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 TWENTY-FOUR DAY FOLLOW-UP PAYMENT RECEIPT. | SUBTOTAL | TAX AMOUNT | INVOICE AMOUNT |
|                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                       | 371.32   | 0.00       | USD \$ 371.32  |

**BRIDGET MCFARLAND 08/06/18**

-----  
From: cruseb199@cod.edu  
Sent: Tue Jul 17 09:53:47 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: FW: 71966561 COLLEGE OF DUPAGE  
-----

Thanks

Bethany Cruse  
AP Lead  
College of DuPage  
Room SRC 2132  
425 Fawell Boulevard  
Glen Ellyn, IL 60137  
630-942-4294  
cruseb199@cod.edu

**From:** Zach\_Eberle@Praxair.com <Zach\_Eberle@Praxair.com>  
**Sent:** Tuesday, July 17, 2018 9:52 AM  
**To:** Cruse, Bethany <cruseb199@cod.edu>  
**Subject:** 71966561 COLLEGE OF DUPAGE

Good Morning,

I have attached copies of the requested invoices for your review.

Thank you,  
Zach Eberle  
AR Account Manager  
Praxair Distribution Inc.  
Direct Phone: 1-(800)-266-4369 Ext. 26189  
Fax # 1-(515)-963-1191  
zach\_eberle@praxair.com

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Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087167  
Vendor Name: Praxair/Gas Tech  
Invoice Number: 82840160  
Invoice Date: 05/03/18  
PO Number: B0359564  
Check Number: 0238110  
Check Amount: \$ 3,835.86  
Check Date: 08/15/2018  
Department ID: 00285  
Reviewer Name: Bridget McFarland  
Voucher Number: V0522796  
Redaction Type: None  
Document Type: AP Invoice

Document Below



| PAGE   | CUSTOMER NUMBER | DATE     | INVOICE NUMBER | AMOUNT DUE |
|--------|-----------------|----------|----------------|------------|
| 1 OF 1 | 71966561        | 5/3/2018 | 82840160       | 623.73     |

BILL TO COLLEGE OF DUPAGE  
WELD LAB DIVISION  
425 FAWELL BLVD  
GLEN ELLYN IL 60137

SHIP TO COLLEGE OF DUPAGE  
WELD LAB DIVISION  
425 FAWELL BLVD  
GLEN ELLYN IL 60137

**REMITTANCE INSTRUCTIONS:**

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

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

**AMOUNT ENCLOSED**

**APPROVED**

**07/30/18 - KIRK OVERSTREET**

# APPROVED

08/08/18 - KRISTINE FAY

**COMMENTS:**

**PLEASE REFER INQUIRIES REGARDING THIS INVOICE TO:**

PRAXAIR DISTRIBUTION, INC.  
CUSTOMER SERVICE  
12000 ROOSEVELT RD  
HILLSDALE IL 60162  
Tel# 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](http://www.praxairdirect.com/billpay) or call 1-800-266-4369.

| INVOICE DETAIL AND PURCHASE DESCRIPTION                                                                                                                                                                |                                      |                                                                                                                                                                                                                                                                                                                                                                                     |          | TERMS:     | Net 30 Days |            |            | PAYMENT DUE: 6/2/2018 |         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|-------------|------------|------------|-----------------------|---------|--|
| ITEM NUMBER                                                                                                                                                                                            | ITEM DESCRIPTION                     | QTY SHIP                                                                                                                                                                                                                                                                                                                                                                            | QTY RETN | BACK ORDER | UOM         | VOL/WT     | UNIT PRICE | AMOUNT                | TAX Y/N |  |
| INVOICE NUMBER: 82840160                                                                                                                                                                               | CUSTOMER: 71966561    DATE: 5/3/2018 |                                                                                                                                                                                                                                                                                                                                                                                     |          |            |             |            |            |                       |         |  |
| SHIP FROM                                                                                                                                                                                              | 70597,PXPKG HILLSIDE IL HS           |                                                                                                                                                                                                                                                                                                                                                                                     |          |            |             |            |            |                       |         |  |
| ORDER REFERENCE                                                                                                                                                                                        | ORDER# 58892125 DATE 5/2/2018 PT#    |                                                                                                                                                                                                                                                                                                                                                                                     |          |            |             |            |            |                       |         |  |
| CUSTOMER PO / RELEASE                                                                                                                                                                                  | B0352823 EMAIL                       |                                                                                                                                                                                                                                                                                                                                                                                     |          |            |             |            |            |                       |         |  |
| SHIP VIA                                                                                                                                                                                               | Our Truck ,                          |                                                                                                                                                                                                                                                                                                                                                                                     |          |            |             |            |            |                       |         |  |
|                                                                                                                                                                                                        | SHIP TO ACCOUNT: 71966561            |                                                                                                                                                                                                                                                                                                                                                                                     |          |            |             |            |            |                       |         |  |
|                                                                                                                                                                                                        | DAVID ELLIS 630.942.2527             |                                                                                                                                                                                                                                                                                                                                                                                     |          |            |             |            |            |                       |         |  |
| AR T                                                                                                                                                                                                   | ARGON T                              | 3                                                                                                                                                                                                                                                                                                                                                                                   | 6        |            | CO          |            | 37.08      | 111.24                | N       |  |
| AC 5                                                                                                                                                                                                   | ACETYLENE #5 VOLUME_____             | 4                                                                                                                                                                                                                                                                                                                                                                                   | 4        |            | CO          | 1320CF     | 0.3598     | 474.94                | N       |  |
| ZZZAMREQUEST                                                                                                                                                                                           | DELIVERY REQUEST AM                  | 1                                                                                                                                                                                                                                                                                                                                                                                   |          |            | EA          |            |            |                       | N       |  |
| PR A33                                                                                                                                                                                                 | PROPANE ALUM 7.3 GALLONS             |                                                                                                                                                                                                                                                                                                                                                                                     | 1        |            | CO          |            |            |                       | N       |  |
| OX T                                                                                                                                                                                                   | OXYGEN T                             |                                                                                                                                                                                                                                                                                                                                                                                     | 6        |            | CO          |            |            |                       | N       |  |
| AR STAR14-T                                                                                                                                                                                            | STARGOLD C25 ARG-CO2 25% T           |                                                                                                                                                                                                                                                                                                                                                                                     | 2        |            | CO          |            |            |                       | N       |  |
| UMSCFCD2                                                                                                                                                                                               | ENERGY AND FUEL CHARGE               | 1                                                                                                                                                                                                                                                                                                                                                                                   |          |            | EA          |            | 4.00       | 4.00                  | N       |  |
| UDELIVERYCHARGE                                                                                                                                                                                        | DELIVERY CHARGE                      | 1                                                                                                                                                                                                                                                                                                                                                                                   |          |            | EA          |            | 27.61      | 27.61                 | N       |  |
| UZZZDEMANDCHGCY                                                                                                                                                                                        | DEMAND CHARGE CYLINDERS              | 3                                                                                                                                                                                                                                                                                                                                                                                   |          |            | EA          |            | 1.98       | 5.94                  | N       |  |
| Total Cylinders Supplied/Returned                                                                                                                                                                      |                                      | 7                                                                                                                                                                                                                                                                                                                                                                                   | 9        |            |             |            |            |                       |         |  |
| INVOICE REVIEWED                                                                                                                                                                                       |                                      |                                                                                                                                                                                                                                                                                                                                                                                     |          |            |             |            |            |                       |         |  |
| OKAY TO PAY                                                                                                                                                                                            |                                      |                                                                                                                                                                                                                                                                                                                                                                                     |          |            |             |            |            |                       |         |  |
| BRIDGET MCFARLAND 08/06/18                                                                                                                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                     |          |            |             |            |            |                       |         |  |
| ACCOUNTS PAST DUE WILL BE CHARGED A SERVICE CHARGE THE GREATER 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 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        |         |  |
|                                                                                                                                                                                                        |                                      |                                                                                                                                                                                                                                                                                                                                                                                     |          | 623.73     |             | 0.00       |            | USD \$                | 623.73  |  |

-----  
From: cruseb199@cod.edu  
Sent: Tue Jul 17 09:53:55 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: FW: 71966561 COLLEGE OF DUPAGE  
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Thanks

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AP Lead  
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425 Fawell Boulevard  
Glen Ellyn, IL 60137  
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