

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1545259
Vendor Name: United States Cylinder Gas
Invoice Number: 309816
Invoice Date: 06/30/18
PO Number: B0357001
Check Number: 0238187
Check Amount: \$ 28.80
Check Date: 08/15/2018
Department ID: 00258
Reviewer Name:
Voucher Number: V0519530
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

FY 2018

RENTAL/LEASE INVOICE

USGas

Medical Gas • Industrial Gas • Specialty Gas • Cryogenics • Welding Supplies

United States Cylinder Gas

11618 S. Mayfield
Alsip, Illinois 60803
Phone: (708) 389-1402
Fax: (708) 389-1409

PLEASE REMIT TO:

US Gas
11618 S. Mayfield
Alsip, IL 60803

AP VERIFIED

07/16/18 - BETHANY CRUSE

COLLECTOR OF DUTY

*** ** EMAIL INVOICES *** **

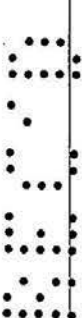
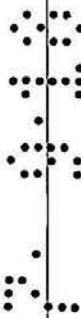

COLLECTOR OF DUTY

425 FAWELL BLVD

HEALTH SCIENCE BUILDING/2ND FLOOR

GLEN ELLYN, IL 60137

| INVOICE NO. | CUSTOMER I.D. | PURCHASE ORDER NO. | DATE | PAGE |
|-------------|---------------|----------------------------|----------|------|
| 309816 | COLLE1 0 | 356812 B0357001 | 06/30/18 | 1 |

| INVOICE | DATE | DESCRIPTION | BAL. | SHIP | RET'D | END | CREDITS | DUE | RATE | AMOUNT |
|--|------|---------------|------|------|-------|-----|---------|-----|-------|--------|
| 06/01 THRU END | | CYLINDER RENT | | 0 | 0 | 2 | | | | |
| ----- C O M P U T A T I O N S ----- | | | | | | | | | | |
| COMPUTATIONS: | | CYLINDER RENT | 2 | 0 | 0 | 2 | 0 | 2 | 7.200 | 14.40 |
|    M. Ahmad Chaudhry 7/5/18 M. Ahmad Chaudhry G# 01-10-00258-5401002 | | | | | | | | | | |

UNLESS OTHERWISE STATED, THE CYLINDERS ON THIS DOCUMENT ARE PROPERTY OF THE VENDOR.

SUB-TOTAL 14.40

TAX EXEMPT 0.00

TOTAL DUE 14.40

CYLINDER VALUE 240.00

A FINANCE CHARGE OF 2% PER MONTH WHICH IS AN ANNUAL
PERCENTAGE RATE OF 24% WILL BE APPLIED TO YOUR UNPAID
PAST DUE BALANCE.

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1545259

Vendor Name: United States Cylinder Gas

Invoice Number: 311489

Invoice Date: 07/31/18

PO Number: B0359518

Check Number: 0238187

Check Amount: \$ 28.80

Check Date: 08/15/2018

Department ID: 00258

Reviewer Name:

Voucher Number: V0522637

Redaction Type: None

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

Document Below

RENTAL/LEASE INVOICE

USGas

United States Cylinder Gas

Medical Gas • Industrial Gas • Specialty Gas • Cryogenics • Welding Supplies

PLEASE REMIT TO:

US Gas
11618 S. Mayfield
Alsip, IL 60803

11618 S. Mayfield
Alsip, Illinois 60803
Phone: (708) 389-1402
Fax: (708) 389-1409

AP VERIFIED

08/08/18 - ROBERT MAREK

COLLEGE OF MARIAGE
*****EMAIL INVOICES*****

COLLEGE OF MARIAGE
425 FAWELL BLVD
HEALTH SCIENCE BUILDING/2ND FLOOR
GLEN ELLYN, IL 60137

| INVOICE NO. | CUSTOMER I.D. | PURCHASE ORDER NO. | DATE | PAGE |
|-------------|---------------|------------------------------|----------|------|
| 311489 | COLLE1 0 | 556812 BO# 359518 | 07/31/18 | 1 |

| INVOICE | DATE | DESCRIPTION | BAL. | SHIP | RET'D | END | CREDITS | DUE | RATE | AMOUNT |
|---|------|---------------|------|------|-------|-----|---------|-----|-------|--------|
| 07/01 THRU END | | CYLINDER RENT | | 0 | 0 | 2 | | | | |
| ----- C O M P U T A T I O N S ----- | | | | | | | | | | |
| COMPUTATIONS: | | CYLINDER RENT | 2 | 0 | 0 | 2 | 0 | 2 | 7.200 | 14.40 |
| <p><i>Marianne Turnicutt</i></p> <p>Marianne Turnicutt</p> <p>GL# 01-10-00958-5401002</p> | | | | | | | | | | |

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| | |
|------------|-------|
| SUB-TOTAL | 14.40 |
| TAX EXEMPT | 0.00 |
| TOTAL DUE | 14.40 |

CYLINDER VALUE 240.00

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