

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1089244

Vendor Name: Scantron Corporation

Invoice Number: 6384207

Invoice Date: 07/18/18

PO Number: P0359178

Check Number: E0068524

Check Amount: \$ 7,036.44

Check Date: 08/01/2018

Department ID: 00377

Reviewer Name:

Voucher Number: V0521752

Redaction Type: None

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

Document Below

SCANTRON

REC'D

INVOICE

7.24.18

LOCATED AT:

INVOICE NUMBER:	6384207
DATE:	18-JUL-18
CUSTOMER NO:	200235331
TAX I.D NO :	95-2767912
CREDIT REF NO:	

BILL TO:

ATTN: ACCOUNTS PAYABLE
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137

3 WAY MATCH

200235331
ATTN: JOAN BRADFORD
COLLEGE OF DUPAGE
SHIPPING & RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137

Reference Num:SCT ORDER ENTRY 1551826

PURCHASE INFORMATION		SHIPPING INFORMATION		PAYMENT INFORMATION		
PURCHASE ORDER: 359178		(MOST RECENT SHIPMENT)		TERMS: NET 30		
AGREEMENT NUMBER:		SHIP DATE: 18-JUL-18		DUE DATE: 17-AUG-18		
ORDER SOURCE: E-Mail		CARRIER: UPS		SALES REP: Standard Forms,		
		B/L NUMBER: 1ZX557160350099309		CONTACT: Robert Alvarado		
				(800) 228-3628 ext. 3281		
				Fax (844) 364-3126		
				Rodolfo.V.Alvarado@harlandclarke.com		
DESCRIPTION		U/M	QTY	T A X	UNIT PRICE	EXTENDED PRICE
SC882-E	Scantron Score, 100Q, ID (500/PKG)	PACKAGE	60	N	65.95	3,957.00
825-E	25 QUES X 5 CHOICE A (500/PKG)	PACKAGE	10	N	47.00	470.00
SC984-E	Scantron Score, 200Q, A-E (500/PKG)	PACKAGE	3	N	76.00	228.00
9702	ITEM ANALYSIS 50QUS 2/S RED (75/PKG)	PACKAGE	5	N	18.00	90.00
9700	ITEM ANALYSIS S 2/SGREEN (75/PKG)	PACKAGE	3	N	18.00	54.00
CRT52	Red Ink Cartridge - Score/Op4ES/iNSIGHT4ES	EACH	6	N	25.00	150.00
INVOICE SUMMARY:						
TOTAL FOR ALL LINE ITEMS						4,949.00
TOTAL FREIGHT						0.00
6.25% STATE TAX						0.00
0.00% CITY TAX						0.00
0.00% COUNTY TAX						0.00
Amounts not paid when due are subject to finance charges of 1.5% per month or the highest rate permitted by law, whichever is less, compounded daily from the due date until paid.						
Please update remit to address if needed.						

- My check/money order is enclosed:

- Check # _____

- Charge to my Credit Card:

- ☐ Visa ☐ MasterCard ☐ Amex
 - Card # _____ Expiry Date ____/____/____
 - Name of Card Holder _____
 - Billing Address _____
 - Signature _____

SUBTOTAL	TAX	TOTAL
4,949.00	0.00	(USD) 4,949.00

Please Remit to:

SCANTRON CORPORATION
P O Box 93038
Chicago, IL 60673

REMITTANCE COPY

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1089244

Vendor Name: Scantron Corporation

Invoice Number: 6382809

Invoice Date: 06/20/18

PO Number: P0358576

Check Number: E0068524

Check Amount: \$ 7,036.44

Check Date: 08/01/2018

Department ID: 05177

Reviewer Name:

Voucher Number: V0521798

Redaction Type: None

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

Document Below

SCANTRON.

INVOICE

INVOICE NUMBER:	6382809
DATE:	20-JUN-18
CUSTOMER NO:	200235331
CREDIT REF NO:	
TAX I.D NO:	95-2767912

BILL TO:

ATTN: ACCOUNTS PAYABLE
COLLEGE OF DUPAGE
429 FAWELL BLVD
GLEN ELLYN IL 60137

LOCATED AT:

200235331
ATTN: PURCHASING MANAGER
COLLEGE OF DUPAGE
SHIPPING & RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137

FYE18

3 WAY MATCH

Reference Num:SCT ORDER ENTRY 1550048

PURCHASE INFORMATION		SHIPPING INFORMATION		PAYMENT INFORMATION	
PURCHASE ORDER: 358576		(MOST RECENT SHIPMENT)		TERMS: NET 30	
AGREEMENT NUMBER:		SHIP DATE: 20-JUN-18		DUE DATE: 20-JUL-18	
ORDER SOURCE: E-Mail		CARRIER: UPS		SALES REP: Standard Forms,	
		B/L NUMBER: 1Z626R0E0350844503		CONTACT: Robert Alvarado	
				(800) 228-3628 ext. 3281	
				Fax (844) 364-3126	
				Rodolfo.V.Alvarado@harlandclarke.com	
DESCRIPTION	U/M	QTY	T A X	UNIT PRICE	EXTENDED PRICE
882-E-LOVAS 882-E-LOVAS 100Q A-E (500/PKG)	PACKAGE	25	N	69.95	1,748.75
INVOICE SUMMARY:					
TOTAL FOR ALL LINE ITEMS					1,748.75
TOTAL FREIGHT					59.81
6.25% STATE TAX					0.00
0.00% CITY TAX					0.00
0.00% COUNTY TAX					0.00
Amounts not paid when due are subject to finance charges of 1.5% per month or the highest rate permitted by law, whichever is less, compounded daily from the due date until paid.					
Please update remit to address if needed.					
06-10-05177-5401002 <i>Judy Z...</i>					
APPROVED <i>[Signature]</i> JUL 24 2018					

• My check/money order is enclosed:

- o Check # _____

• Charge to my Credit Card:

- o ☐ Visa ☐ MasterCard ☐ Amex
- o Card # _____ Expiry Date ____/____
- o Name of Card Holder _____
- o Billing Address _____
- o Signature _____

SUBTOTAL	TAX	TOTAL
1,808.56	0.00	(USD) 1,808.56

Please Remit to:

SCANTRON CORPORATION
P O Box 93038
Chicago, IL 60673

CUSTOMER COPY

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1089244

Vendor Name: Scantron Corporation

Invoice Number: 6382829

Invoice Date: 06/20/18

PO Number: P0358530

Check Number: E0068524

Check Amount: \$ 7,036.44

Check Date: 08/01/2018

Department ID: 05177

Reviewer Name:

Voucher Number: V0521799

Redaction Type: None

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

Document Below

SCANTRON

INVOICE

REC'D

7-25-18

C.O.D.

INVOICE NUMBER: 6382829	
DATE: 20-JUN-18	Page 1 of 1
CUSTOMER NO: 200235331	CREDIT REF NO:
TAX I.D NO : 95-2767912	

BILL TO:

ATTN: ACCOUNTS PAYABLE
COLLEGE OF DUPAGE
429 FAWELL BLVD
GLEN ELLYN IL 60137

LOCATED AT:

200235331
ATTN: ASHLEY MCLAUGHLIN
COLLEGE OF DUPAGE
SHIPPING & RECEIVING
415 FAWELL BLVD
GLEN ELLYN IL 60137

3 WAY MATCH

FYE18

Reference Num:SCT ORDER ENTRY 1550024

PURCHASE INFORMATION		SHIPPING INFORMATION		PAYMENT INFORMATION		
PURCHASE ORDER: 358530		(MOST RECENT SHIPMENT)		TERMS: NET 30		
AGREEMENT NUMBER:		SHIP DATE: 20-JUN-18		DUE DATE: 20-JUL-18		
ORDER SOURCE: E-Mail		CARRIER: UPS		SALES REP: Standard Forms,		
		B/L NUMBER: 1Z626R0E0350844138		CONTACT: Robert Alvarado		
				(800) 228-3628 ext. 3281		
				Fax (844) 364-3126		
				Rodolfo V.Alvarado@harlandclarke.com		
DESCRIPTION	U/M	QTY	TAX	UNIT PRICE	EXTENDED PRICE	
40-S 40 QUES SURVEY ANS FORM 5 CHC (500/PKG)	PACKAGE	3	N	76.00	228.00	
9870 40-QUESTION SURVEY TALLY SHEET (50/PKG)	PACKAGE	2	N	17.00	34.00	
INVOICE SUMMARY:						
TOTAL FOR ALL LINE ITEMS					262.00	
TOTAL FREIGHT					16.88	
6.25% STATE TAX					0.00	
0.00% CITY TAX					0.00	
0.00% COUNTY TAX					0.00	
Amounts not paid when due are subject to finance charges of 1.5% per month or the highest rate permitted by law, whichever is less, compounded daily from the due date until paid.						
Please update remit to address if needed.						
06-10-05177-5491002 Ashley J. Kelly						
APPROVED JUL 24 2018						

• My check/money order is enclosed:

o Check # _____

• Charge to my Credit Card:

- o ☐ Visa ☐ MasterCard ☐ Amex
- o Card # _____ Expiry Date ____/____/____
- o Name of Card Holder _____
- o Billing Address _____
- o Signature _____

SUBTOTAL	TAX	TOTAL
278.88	0.00	(USD) 278.88

Please Remit to:

SCANTRON CORPORATION
P O Box 93038
Chicago, IL 60673

CUSTOMER COPY