

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089385  
Vendor Name: School Health Corp/Sports Heal  
Invoice Number: 3471923-00  
Invoice Date: 07/31/18  
PO Number: P0359400  
Check Number: E0068760  
Check Amount: \$ 1,625.85  
Check Date: 08/15/2018  
Department ID: 12031  
Reviewer Name: None  
Voucher Number: V0522625  
Redaction Type: None  
Document Type: AP Invoice

Document Below



We Supply Your Future™

School Health Corporation  
865 Muirfield Drive  
Hanover Park, IL 60133  
P(866)323-5465 | F(800)235-1305  
www.schoolhealth.com

# INVOICE

AMOUNT DUE	INVOICE DATE	INVOICE NO.
1538.30	07/31/18	3471923-00
P.O. NO.	PAGE #	
359400	1	

Cust #: 241  
Attn: DANIELLE CLINE  
Ship To: COLLEGE OF DUPAGE  
425 FAWELL BLVD  
SHIPPING AND RECEIVING  
HOURS 7:30AM-4:00PM  
GLEN ELLYN, IL 60137

Bill To: COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137

Remit To: School Health Corporation  
6764 Eagle Way  
Chicago, IL 60678-1067

**APPROVED**

**08/13/18 - DANIELLE CLINE**

INSTRUCTIONS		SHIP POINT		VIA		TERMS	
		HANOVER PARK WHSE		UPS GROUND		NET 30	
LN	ITEM AND DESCRIPTION	ORDERED	BACKORDERED	SHIPPED	UOM	PRICE	EXTENDED PRICE
1	1005565 PUMPER WATER FILTER ** DIRECT ORDER **	2	2	0	EACH	43.34	0.00
2	37246 GAME READY DUAL CONNECTOR HOSE	1	0	1	EACH	332.00	332.00
3	37236 GAME READY STRAIGHT KNEE WRAP	1	0	1	EACH	319.20	319.20
4	37316 GAME READY HALF LEG BOOT WRAP	1	0	1	EACH	365.60	365.60
5	37317 GAME READY FLEXED ELBOW WRAP	1	0	1	EACH	365.60	365.60
6	62285 ADJUSTABLE INCLINE BOARD WOOD CANDO	1	0	1	EACH	108.87	108.87
7	61728 PLYOBACK ELITE PACKAGE ** DIRECT ORDER ** **Oversized (O/S) Item**	1	1	0	EACH	931.46	0.00
8	1006788 CUPPING THERAPY, 17 PIECE DELUXE CUP SET Tracking #: 1Z6F9A520312147734	1	0	1	EACH	31.80	31.80
						1Z6F9A520312147949	

8 Lines Total

Qty Shipped Total

6

Subtotal

1523.07

Freight

15.23

Invoice Total

1538.30

Tax ID Number: 36-2425385

000  
07.9  
0.234

Last Page

Cash Discount

0.00 If Paid By 07/31/18

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089385  
Vendor Name: School Health Corp/Sports Heal  
Invoice Number: 3471923-02  
Invoice Date: 08/06/18  
PO Number: P0359400  
Check Number: E0068760  
Check Amount: \$ 1,625.85  
Check Date: 08/15/2018  
Department ID: 12031  
Reviewer Name: None  
Voucher Number: V0523036  
Redaction Type: None  
Document Type: AP Invoice

Document Below



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# INVOICE

AMOUNT DUE	INVOICE DATE	INVOICE NO.
87.55	08/06/18	3471923-02
P.O. NO.	PAGE #	
359400	1	

Cust #: 241  
Attn: DANIELLE CLINE  
Ship To: COLLEGE OF DUPAGE  
425 FAWELL BLVD  
SHIPPING AND RECEIVING  
HOURS 7:30AM-4:00PM  
GLEN ELLYN, IL 60137

Bill To: COLLEGE OF DUPAGE  
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GLEN ELLYN, IL 60137

Remit To: School Health Corporation  
6764 Eagle Way  
Chicago, IL 60678-1067

**APPROVED**

**08/14/18 - DANIELLE CLINE**

INSTRUCTIONS		SHIP POINT		VIA		TERMS	
		HANOVER PARK WHSE		UPS GROUND		NET 30	
LN	ITEM AND DESCRIPTION	ORDERED	BACKORDERED	SHIPPED	UOM	PRICE	EXTENDED PRICE

1	1005565 PUMPER WATER FILTER ** DIRECT ORDER ** Tracking #: 1Z068VX3P295225860	2	0	2	EACH	43.34	86.68
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1 Lines Total

Qty Shipped Total

2

Subtotal

86.68

Freight

0.87

Invoice Total

87.55

Tax ID Number: 36-2425385

