

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1453308
Vendor Name: Alliance Paper and Food Servic
Invoice Number: 1051019-00
Invoice Date: 10/10/18
PO Number: B0360421
Check Number: 0241514
Check Amount: \$ 341.95
Check Date: 10/17/2018
Department ID: 11301
Reviewer Name:
Voucher Number: V0534109
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: junokasm@cod.edu
Sent: Thu Oct 11 11:41:16 CDT 2018
To: junokasm@cod.edu,invoicing@cod.edu
CC:
Subject: Scanned from a Xerox Multifunction Device

Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device.
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PRN303

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11058 West Addison Street
Franklin Park, IL 60131
(847) 349-1500
www.allpfs.com

Emergency Phone Number:
(INFOTRAC) 800-535-5053

INVOICE

Remit To: 11058 W. Addison St.
Franklin Park, IL 60131

Customer #	Invoice Date	Invoice #
21803	10/10/18	1051019-00
Tax ID	PO #	Page #
E99973391	TOM MURRAY PHONED	1 of 1
Entered By	Instructions	
Janet Flynn		

E-MAILED OCT 11 2018

BO# 360421
• LINE 1 = \$341.95
05-60-11301-5408001

Bill To: COD LIBERAL ARTS
425 FAWELL BLVD
MAC 201
GLEN ELLYN, IL 60137
Contact #: (630)942-2056

Ship To: COD LIBERAL ARTS
425 FAWELL BLVD
MAC 201 ATTN: TOM MURRAY
GLEN ELLYN, IL 60137

AP VERIFIED

10/11/18 MARIA ZERRUDO

Terms		Ship Point	Ship Via	Ship Date				
NET 30		Alliance Paper and Foodservice	OUR TRUCK	10/10/18				
Line #	Product And Description	Quantity Ordered	Quantity B/O	Quantity Shipped	Qty U/M	Unit Price	Ext Price	T x
1	SO-626TS 67 LID Clr Flat Straw Slot 10/100ct	2	0	2	CS	19.19	38.38	N
2	SO-662TS 67 LID Clr Flat Straw Slot 10/100	2	0	2	CS	34.12	68.24	N
3	800880 67 CHERRIES w/o Stem Jumbo 4/1gl	1	0	1	EA	23.52	23.52	X
4	SO-412W 67 CUP Paper Hot Wht 12oz 20/50	1	0	1	CS	59.97	59.97	N
5	15000735 67 TUB PopCorn 48E Quick-Fi II 500	2	0	2	CS	75.92	151.84	N

5 Lines Total

Total Weight: 123.24

Total Cubic Volume: 14.39

Total Units

8

Total

341.95

Amount Due

341.95

05-60-11301-5408001 = \$341.95
67 FOODS/GENERAL NONE

Eileen M. Nowan
10/11/18

Signature: _____

Date Received: _____

A LATE PAYMENT FEE OF 1.5% PER MONTH WILL BE APPLIED TO ALL INVOICES NOT PAID WITHIN THE TERMS OF SALE. NO RETURNS, REFUNDS, STORE CREDIT OR EXCHANGES ON SPECIAL ORDER, RED TAG OR CLOSEOUT ITEMS. CREDIT ON RETURNED MERCHANDISE WILL ONLY BE GIVEN IF ACCOMPANIED BY THE INVOICE ON WHICH THE ITEM WAS PURCHASED & BY A RETURN AUTHORIZATION FORM. NO ITEM ACCEPTED AFTER 30 DAYS FROM INVOICE PURCHASE DATE. A 20% RESTOCKING FEE & FREIGHT WILL APPLY ON ALL RETURNED MERCHANDISE.

Customer Copy

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