

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1494057

Vendor Name: Castle Branch, Inc

Invoice Number: 0665198-IN

Invoice Date: 09/24/18

PO Number:

Check Number: 0241562

Check Amount: \$ 175.00

Check Date: 10/17/2018

Department ID: 00225

Reviewer Name:

Voucher Number: V0529555

Redaction Type: None

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

Document Below

Chiavola, Jennifer

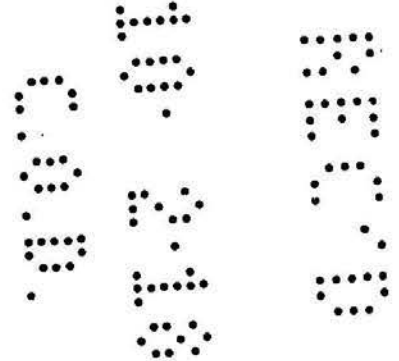
From: acctpay@cod.edu
Sent: Monday, October 01, 2018 1:10 PM
To: Chiavola, Jennifer
Subject: Voucher Confirmation: V0529555

Voucher Number V0529555
Voucher Status In Progress (Unfinished)

Requestor Name Ms Jennifer L. Chiavola

Voucher Date 10/01/18
Due Date 10/10/18
Vendor ID and/or Name 1494057 Castle Branch, Inc
AP Type IM Invoices < \$15,000
Voucher Total \$175.00

ITEM 1
Item Description 01-10-00225-5308001
Quantity 1.000
Price \$175.0000
Extended Price \$175.00
GL Distribution 01-10-00225-5308001



COMMENTS

AP VERIFIED
10/03/18 - MARIA ZERRUDO

APPROVAL

DATE

Dr. Debra Gurney 10-1-18

NEXT APPROVALS

Dr. Debra Gurney



Questions?

Payment Questions (Billing Department): (910) 447-8051

All Other Questions (Employment Screening and Legal Services Accounts): (888) 723-4263 Ext. 7309

All Other Questions (College and University Accounts): (888) 723-4263 Ext. 7194

Pay online (Mastercard, Visa, or Discover): www.castlebranch.com, "Pay Bill" (Located on bottom right of web page in gray. Please be sure that you are NOT logged into your account to use this feature.)

Our office hours are Monday - Friday, 8:00 am until 5:00 pm EST.

COLLEGE OF DUPAGE
NURSING FACULTY
425 FAWELL BLVD
GLEN ELLYN, IL 60137

ATTN: JENNIFER CHIAVOLA

Invoice Number: 0665198-IN

Invoice Date: 9/24/2018

Customer Number: 01-OJ34

Customer P.O.:

Date Due: October 09, 2018

EMPLOYMENT SCREENING - OJ34

192.50

Dr. Debra Gurney 10-1-18
Dr. Debra Gurney

Please Note: Accounts with past-due balances are subject for suspension.
There is a \$25.00 fee for returned checks.

INVOICE TOTAL: 192.50

Statement of Account

0 - 30 Days	31 - 60 Days Past Due	61 - 90 Days Past Due	91 - 120 Days Past Due	Over 120 Days Past Due
0.00	0.00	0.00	0.00	-17.50

Total Account Balance as of
9/24/2018

175.00

TEAR HERE

Please return this portion of your invoice with your payment. Thank you!

Please write your Customer Number and Invoice Number(s) on the bottom of your check to ensure your payment is applied properly.

Amount Remitted: \$ _____

PLEASE REMIT ALL PAYMENTS TO:

Castle Branch, Inc.
1844 Sir Tyler Drive
Wilmington, NC 28405
Attn: Account Receivables

- ☐ Check or money order (make payable to **Castle Branch**)
☐ Credit Card (American Express, Visa, MasterCard, or Discover)

Name on card: _____

Card # _____ - _____ - _____ Exp. ____/____

Billing Zip Code: _____

Signature _____

0665198-IN

01-OJ34

192.50

COLLEGE OF DUPAGE

17.50

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