

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1514520  
Vendor Name: Medical Device Depot  
Invoice Number: 90729  
Invoice Date: 10/03/18  
PO Number: P0360586  
Check Number: 0241670  
Check Amount: \$ 122.00  
Check Date: 10/17/2018  
Department ID: 02637  
Reviewer Name: Barbara Groves  
Voucher Number: V0529842  
Redaction Type: None  
Document Type: AP Invoice

Document Below

From: purchasing@medicaldevicedepot.com

Sent: Wed Oct 03 08:48:00 CDT 2018

To: townej@cod.edu

CC: invoicing@cod.edu

Subject: Invoice 90729 from Medical Device Depot, Inc.

**APPROVED**

**10/10/18 - LISA STOCK**

Medical Device Depot, Inc.

**Invoice** Due: 11/02/2018  
90729

Amount Due: **\$122.00**

Dear Sara McCubbins Spaniol :

Your invoice is attached. Thank you for your business - we appreciate it very much!

We sell all medical equipment - please call us for any further equipment or supply needs you may have.

Sincerely,

Medical Device Depot, Inc.  
www.medicaldevicedepot.com  
877-646-3300

**INVOICE REVIEWED**

**OKAY TO PAY**

**BARBARA GROVES 10/08/18**

<b>Invoice Total</b>	\$122.00
<b>Payments Applied</b>	\$0.00
<b>Balance Due</b>	\$122.00