

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089439
Vendor Name: Supreme Lobster, Seafood
Invoice Number: 6464693
Invoice Date: 09/18/18
PO Number: B0359169
Check Number: E0069555
Check Amount: \$ 479.64
Check Date: 10/03/2018
Department ID: 00069
Reviewer Name: David Kramer
Voucher Number: V0529246
Redaction Type: None
Document Type: AP Invoice

Document Below



**Supreme
LOBSTER**
AND SEAFOOD COMPANY

220 E North Avenue
Villa Park, IL 60181-1221
Phone (630) 832-6700
Fax (630) 832-6688
www.supremelobster.com

INVOICE
Invoice date: 09/18/18
Order #: 8926944
Invoice #: 6464693

PAGE: 1

ACCOUNT: 103451/1
COLLEGE OF DU PAGE/CULINARY
425 FAWELL BLVD
C/O CULINARY ARTS DEPT
GLEN ELLYN IL 60137

COLLEGE OF DU PAGE/CULINARY
425 FAWELL BLVD
C/O CULINARY ARTS DEPT
DAVID 708-254-8836
GLEN ELLYN IL 60137
1-30-9-226

APPROVED

09/28/18 - CHARLES BOONE

DSN006224710

SLSP	SALESPERSON	DRIVER	CUSTOMER PO#	TYPE	TERMS	
014	TIM 1-630-516-4803	5	B0359169	REG	NET 7 DAYS	
ORDERED	ITEM	DESCRIPTION	QTY SHIPPED	U/M	UNIT PRICE	AMOUNT
10.00	106110	CATFISH, FARM RAISED, FILLET, 7X9	10.00	LB	5.95	59.50
12.00	118382	SALMON-ORA KING, FILLET, SKIN-ON	13.50	LB	16.75	226.13
1.00	306110	SCALLOPS, SEA DRY PACK GALLON, 10X20	1.00	GAL	118.95	118.95
4.50	453370	SPRUCE POINT SMK SALMON DUCKTRAP, SIDES SLCD	4.82	LB	14.95	72.06
1.00	FULCHG	FUEL SURCHARGE	1.00	EA	3.00	3.00

Thank you for your business

INVOICE REVIEWED

OKAY TO PAY

DAVID KRAMER 09/28/18

FRESH PRODUCTS MUST BE CHECKED AT TIME OF DELIVERY NO CLAIMS
ON FRESH OR FROZEN PRODUCTS WILL BE ACCEPTED AFTER 24 HOURS

LIVE LOBSTERS MUST BE PAID FOR WITHIN 24 HOURS OF DELIVERY
ALLANCE FOR FRESH SEAFOOD

CONSUMING RAW OR UNDERCOOKED SEAFOOD OR SHELLFISH MAY
INCREASE RISK OF FOODBORNE ILLNESS. SUPREME LOBSTER
RECOMMENDS FULLY COOKING ALL SEAFOOD AND SHELLFISH BEFORE
CONSUMING

MERCHANDISE	MISC	TAX	FREIGHT	INVOICE TOTAL
476.64	3.00	0.00	0.00	479.64

NOTICES: NOT A FINANCIAL OFFER. INVOICE WITH OUR TERMS ARE SUBJECT TO A SERVICE CHARGE

RECEIVED BY: *[Signature]*

Thank You!

From: kramerd@cod.edu
Sent: Tue Sep 25 08:32:30 CDT 2018
To: kramerd@cod.edu, invoicing@cod.edu
CC:
Subject: Scanned from a Xerox Multifunction Printer

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Attachment File Type: pdf, Multi-Page Multifunction Printer Location: CHC Device Name: Printer-103

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