

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1369007
Vendor Name: LB Medwaste Services
Invoice Number: 93103
Invoice Date: 09/30/18
PO Number: B0360190
Check Number: E0069933
Check Amount: \$ 120.43
Check Date: 10/24/2018
Department ID: 00761
Reviewer Name: None
Voucher Number: V0535132
Redaction Type: None
Document Type: AP Invoice

Document Below

Invoice

LB Medwaste Services Inc. Account # 002293 - 000001
 P.O Box 54 Invoice # 93103
 Wausau, WI 54402 Date: Sep 30, 2018
 (715) 842-2048
 (715) 845-5310

Service To:

College of DuPage
 425 Fawell Blvd
 Glen Ellyn, IL 60137
 PO Number: BO 360190

APPROVED**10/23/18 - BRIAN CAPUTO**

Service	Qty	Weight	Description	Amount
			(1) College of DuPage 425 Fawell Blvd Glen Ellyn, IL 60137 PO Number:BO 360190	
Sep 27, 2018	1.00		Over 1-Container	\$ 28.14
Sep 27, 2018	20.00	LB	Ticket:*122952 Bio-Waste Manifest: M5473849	\$ 0.00
Sep 27, 2018	1.00		31 gal box	\$ 92.29
Net 60				

10/23/18
 \$ 120.43

DOT and OSHA Training Available (Call 1-888-526-3392)

Invoice Amount Due **\$ 120.43**

PLEASE RETURN BOTTOM PORTION WITH PAYMENT



LB Medwaste Services Inc.
 P.O Box 54
 Wausau, WI 54402
 (715) 842-2048

Invoice Amount Due		\$ 120.43	
Account #	Invoice #	Amount Paid	Check #
002293 - 000001	93103		

Bill To:

College of DuPage
 Attn: Accounts Payable
 425 Fawell Blvd
 Glen Ellyn, IL 60137

PLEASE MAKE CHECK PAYABLE AND SEND TO:

LB Medwaste Services Inc.
 P.O Box 54
 Wausau, WI 54402



State of Illinois
Illinois Environmental Protection Agency

The Agency is authorized to require this information under Section 56.4 of the Environmental Protection Act. [415 ILCS 5/56.4] Disclosure of this information is required. Failure to do so may result in a civil penalty or a criminal penalty [415 ILCS 5/42(a), 44(a)]. Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Agency commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. [415 ILCS 5/44(h)]

Illinois Potentially Infectious Medical Waste Manifest

M 5473849

1. HAULER NAME AND ADDRESS:

2. PHONE ()

3. PIMW HAULING PERMIT **M9065**

4. LICENSE PLATE STATE

LB Medwaste Services Inc.

8550 Development Court

Wausau, WI 54401

(715) 842-2048

EMERGENCY RESPONSE NO. 800-255-3924

CONTRACT NUMBER: MIS8794631

5. NAME

(PRINT/TYPE)

SIGNATURE

DATE

6. NUMBER OF CONTAINERS **2**

7. TOTAL NET WEIGHT **2000** (LBS)

8. FEE DUE: LBS x \$.03 = **60**

9. Acknowledgement of Fee (Signature)

10. GENERATOR NAME AND ADDRESS:

11. PHONE ()

12. TYPE OF WASTE: ☐ UN2814, INFECTIOUS SUBSTANCES, AFFECTING HUMANS, 6.2

☐ UN2900, INFECTIOUS SUBSTANCES, AFFECTING ANIMALS, 6.2

☒ UN3291, REGULATED MEDICAL WASTE, N.O.S., 6.2, PGII

2293 1

College of DuPage

425 Fawell Blvd

Glen Ellyn

IL 60137

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

13. NAME

(PRINT/TYPE)

SIGNATURE

DATE

14. DESIGNATED FACILITY NAME AND ADDRESS:

15. PHONE ()

16. IL FACILITY ID NO.

LB MEDWASTE SERVICES INC

8550 DEVELOPMENT COURT

WAUSAU WI 54401

WI DNR LIC 4405

17. NAME

(PRINT/TYPE)

SIGNATURE

DATE

18. ALTERNATE FACILITY NAME AND ADDRESS:

19. PHONE ()

20. IL FACILITY ID NO.

3651 West Industrial Park Drive

Louisiana, MO 63353

ID #MOR000556985

(T) 573-560-3442

21. NAME

(PRINT/TYPE)

SIGNATURE

DATE

22. ADDITIONAL INFORMATION:

23. DISCREPANCIES/CONTINUATION INFORMATION:

In case of a spill, call Illinois Emergency Management Agency (IEMA) at 800/782-7860
and the National Response Center at 800/424-8802.

COPY 1 - DESIGNATED FACILITY MAIL TO GENERATOR

Printed by Authority of
the State of Illinois
1M 2/16 IOCI16-451

IL 520 2072

ILLINOIS POTENTIALLY INFECTIOUS MEDICAL WASTE MANIFEST

This manifest is to be used for the transport of potentially infectious medical waste which is defined in Public Act 87-752.

For shipments not originating in Illinois, if the generator's state requires a copy of the manifest, a photocopy of part 1 should be sent to the generating state.

INSTRUCTIONS FOR COMPLETING MANIFEST *(Please type/print)*

1. Enter hauler company name and address.
2. Enter company telephone number for hauler.
3. Enter the hauling permit number given to transport potentially infectious medical waste (PIMW).
4. Enter the license plate number of the vehicle and the state the license was issued.
5. The driver of the hauling company must verify the number of containers and weight, then print/type name, sign (by hand), and date the manifest. **Retain copy 3 for records.**
6. Enter the number of containers.
7. Enter the total weight in pounds/cubic feet.
8. Enter the fee due. Amount of fee is \$.03 per pound.
9. Hauler must sign to acknowledge number of containers and total fee due.
10. Enter generator company name and address.
11. Enter company telephone number for generator.
12. Check type(s) of waste(s) that are being transported.
13. An authorized representative of the generator's company must print/type name, sign (by hand), and date the manifest. **Retain copy 4 for records.**
14. Enter the company name and address of the facility designated to receive the waste. This includes transfer, storage and treatment facilities.
15. Enter company telephone number for designated facility.
16. Enter the Illinois EPA ten-digit designated facility identification number.
17. The facility must verify that all information is accurate and complete. An authorized representative of the designated facility's company must print/type name, sign (by hand), and date the manifest. **Retain copy 2 for records. Send copy 1 (original) to the generator, within 35 days.**
18. Enter the name and address of an alternate facility (if applicable).
19. Enter company telephone number for alternate facility.
20. Enter the Illinois EPA ten-digit identification number for the alternate facility.
21. The alternate facility must verify that all information is accurate and complete. An authorized representative of the designated facility's company must print/type name, sign (by hand), and date the manifest. **Retain Copy 2 for records. Send Copy 1 (original) to the generator within 35 days.**
22. If needed, enter additional description, handling information, or information/instructions for the material checked in section 17.
23. Enter/note any discrepancies.