

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1480193
Vendor Name: Sprovieri's Custom Counters
Invoice Number: 94870
Invoice Date: 10/15/18
PO Number: B0360724
Check Number: E0069955
Check Amount: \$ 1,220.00
Check Date: 10/24/2018
Department ID: 36827
Reviewer Name: Kathy Striplin
Voucher Number: V0534472
Redaction Type: None
Document Type: AP Invoice

Document Below

Sprovieri's Custom Counters

55 Laura Drive
Addison, IL 60101

INVOICE

DATE: 10/15/2018
INVOICE: 94870

Bill To:
College of Dupage
425 Fawell Blvd
Glen Ellyn, IL 60137

Ship To:
94870
MAC 153
PO 360724

DESCRIPTION	AMOUNT
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Knee Walls with Eased Edge Profile

61 Sq. ft. Corian 1/2" Glacier White	\$	2,440.00
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Template, Furnish, and Install by Sprovieri's. Removal and Supports by Others.

At this time a **50% Deposit of \$1220.00** is due.

Total	\$	2,440.00
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APPROVED
10/17/18 - BRUCE SCHMIEDL

INVOICE REVIEWED
OKAY TO PAY
KATHY STRIPLIN 10/16/18

From: acaskey@sprovieris.com
Sent: Mon Oct 15 14:28:13 CDT 2018
To: invoicing@cod.edu
CC:
Subject: PO 360724- MAC 153

Good Afternoon,

I have attached a copy of the deposit invoice for job name MAC 153, PO 360724. The total for this job is \$2440 however, due at this time is a **50% deposit of \$1220**. Along with the attached invoice I have attached out credit card form. You are able to fill this out and send it back to me so I can run the card. If you would prefer to pay over the phone feel free to give our office a call at (630) 543-3400. We also accept checks, however we cannot proceed until we have received payment. If you have any questions please feel free to let me know.

Thank you!

Alli Caskey

Reception

Sprovieri's Custom Counters

630-543-3400 ext. 120

Fax: 630-543-3403

55 Laura Drive,

Addison, IL 60101

CREDIT CARD TRANSACTION FORM

TYPE OF CARD: AMEX _____ VISA _____ MC _____ DISCOVER _____

NAME AS IT APPEARS ON THE CARD: _____

BILLING ADDRESS FOR CARD: STREET _____

CITY _____ STATE _____ ZIP _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

DOLLAR AMOUNT AUTHORIZED: \$ _____

PHONE NUMBER: _____

EMAIL: _____

YOUR CARD WILL BE CHARGED FOR THE REMAINING BALANCE AFTER INSTALL

_____ (initial here)

INVOICE #: _____

JOB #: _____