

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1494057

Vendor Name: Castle Branch, Inc

Invoice Number: 0673065-IN

Invoice Date: 10/29/18

PO Number:

Check Number: 0244452

Check Amount: \$ 32.00

Check Date: 11/14/2018

Department ID: 00225

Reviewer Name:

Voucher Number: V0540601

Redaction Type: None

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

Document Below

Chiavola, Jennifer

From: acctpay@cod.edu
Sent: Monday, October 29, 2018 3:45 PM
To: Chiavola, Jennifer
Subject: Voucher Confirmation: V0540601

Voucher Number V0540601

Voucher Status In Progress (Unfinished)

Requestor Name Ms Jennifer L. Chiavola

Voucher Date 10/29/18

Due Date 11/07/18

Vendor ID and/or Name 1494057 Castle Branch, Inc

AP Type IM Invoices < \$15,000

Voucher Total \$32.00

ITEM 1

Item Description Faculty Drug Screen

Quantity 1.000

Price \$32.0000

Extended Price \$32.00

GL Distribution 01-10-00225-5308001

AP VERIFIED
10/30/18 - MARIA ZERRUDO

COMMENTS

Dr. Delia Guzman 10-29-18
APPROVAL DATE

NEXT APPROVALS

Castle Branch, Inc.
1844 Sir Tyler Drive
Wilmington, NC 28405



CastleBranch

Page:

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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: 0673065-IN

Invoice Date: 10/23/2018

Customer Number: 01-OJ34

Customer P.O.:

Date Due: November 07, 2018

DRUG SCREENING

32.00

Dr. Debra Jurney 10-29-18
Dr. Debra Jurney

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

INVOICE TOTAL 32.00

Statement of Account

<u>0 - 30 Days</u>	<u>31 - 60 Days</u> <u>Past Due</u>	<u>61 - 90 Days</u> <u>Past Due</u>	<u>91 - 120 Days</u> <u>Past Due</u>	<u>Over 120 Days</u> <u>Past Due</u>	<u>Total Account Balance as of</u> <u>10/23/2018</u>
192.50	0.00	0.00	0.00	-17.50	207.00

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 _____

0673065-IN

01-OJ34

32.00

COLLEGE OF DUPAGE

Attention:

College of DuPage - Nursing Faculty

Billing Period: Through 10/14/2018

Invoice_Date	CAC	Account_Code	Payment_Terms	TOTAL_DUE
10/15/2018	OJ34	01-OJ34		\$32:00

Date	Description	D/A	Details	Qty	Unit	Amount
9/21/2018	Other	D	Kathy Dunn	1.00		\$32.00