

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1545259
Vendor Name: United States Cylinder Gas
Invoice Number: 316658
Invoice Date: 10/31/18
PO Number: B0359518
Check Number: 0244697
Check Amount: \$ 14.40
Check Date: 11/14/2018
Department ID: 00258
Reviewer Name: Colleen Gonzalez
Voucher Number: V0542050
Redaction Type: None
Document Type: AP Invoice

Document Below

RENTAL/LEASE INVOICE

USGas

United States Cylinder Gas

Medical Gas • Industrial Gas • Specialty Gas • Cryogenics • Welding Supplies

PLEASE REMIT TO:

US Gas
11618 S. Mayfield
Alsip, IL 60803

11618 S. Mayfield

Alsip, Illinois 60803

Phone: (708) 389-1402

Fax: (708) 389-1403

APPROVED

11/12/18 - DEBRA GURNEY

COLLEGE OF DUPAGE

*****EMAIL INVOICES*****

COLLEGE OF DUPAGE

425 FAWELL BLVD

HEALTH SCIENCE BUILDING/2ND FLOOR
GLEN ELLYN, IL 60137

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INVOICE NO.	CUSTOMER I.D.	PURCHASE ORDER NO.	DATE	PAGE
316658	COLLE1 0	356812	10/31/18	1

INVOICE	DATE	DESCRIPTION	BAL.	SHIP	RET'D	END	CREDITS	DUE	RATE	AMOUNT
10/01 THRU END		CYLINDER RENT		0	0	2				
----- C O M P U T A T I O N S -----										
COMPUTATIONS:		CYLINDER RENT	2	0	0	2	0	2	7.200	14.40
<p><i>BD #359518</i></p> <p><i>Marianne Gurney for Debra Gurney</i></p> <p><i>Dr. Debra Gurney</i> 01-10-20058-05401008</p>										
<p>INVOICE REVIEWED</p> <p>OKAY TO PAY</p>										

COLLEEN GONZALEZ

11/09/18

UNLESS OTHERWISE NOTED, ALL CYLINDERS IN THIS DOCUMENT ARE PROPERTY OF THE VENDOR

SUB TOTAL 14.40

TAX EXEMPT 0.00

CYLINDER VALUE 240.00

A FINANCE CHARGE OF 2% PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 24% WILL BE APPLIED TO YOUR UNPAID PAST DUE BALANCE.

TOTAL DUE 14.40