

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087629
Vendor Name: Pocket Nurse
Invoice Number: 1075360-2
Invoice Date: 10/31/18
PO Number: P0360137
Check Number: E0070338
Check Amount: \$ 84.99
Check Date: 11/14/2018
Department ID: 00141
Reviewer Name: Janelle Walker
Voucher Number: V0541047
Redaction Type: None
Document Type: AP Invoice

Document Below

From: mkosanovich@pocketnurse.com

Sent: Wed Oct 31 14:58:36 CDT 2018

To: invoicing@cod.edu

CC:

Subject: Invoice: 1075360 for 011855 College Of Dupage

APPROVED

11/12/18 - DEBRA GURNEY

See the Following attached Files:e00006230-mkosanovich.pdf

Please contact accounting@pocketnurse.com for billing questions, copies of invoices or to make credit card payments. You may also call us at 1-800-225-1600, option 3.

For questions regarding your order, please contact our customer service department at cs@pocketnurse.com or 1-800-225-1600, option 1.

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Invoice

Bill to: College Of Dupage
 425 Fawell Blvd
 Glen Ellyn, IL 60137

Phone: (630) 942-2229
 Ship to: College of DuPage
 425 FAWELL BLVD
 Purchasing Mgr/Shipng and Rcvg
 GLEN ELLYN, IL 60137-6784

Phone: (630) 942-2576
 Attn: Janelle Walker/ 360137

Invoice Number : 1075360-2

Customer# : 011855

Invoice Date : 10/31/2018

Due Date : 11/30/2018

Ordered By : J. Towne

Entered By : Jennifer Conforti

Account Manager : Terry Kitchen

Terms : NET 30

Shipping Method : Ground

Ship Acct# :

Customer PO : 360137

Remit To: Pocket Nurse

P.O Box 644898

Pittsburgh, PA 15264-4898

Tax ID : 25-1763055

All checks must reference invoice number
 to be processed in a timely manner.

Customer/Order Instructions

Pricing based on NIPA Contract R140102

PO# 360137

Jordan Towne

(630) 942.2576

townej@cod.edu

Line	Order	Ship	B/O	U/M	Item #	Description	Price	Per	Extension
0001	1	1	0	EA	05-32-1152	MetriMist Deodorizer Spray 20Z	2.47	EA	2.47
0002	1	1	0	EA	05-16-8907	Abdominal Binder Elastic 30In to 45IN	11.42	EA	11.42
Package Information:						Tracking #	Weight		
						469099174130	0.95		

Transportation charges on shipments from Pocket Nurse will be locked to dock or door to your deliveries. Please read our complete Shipping Disclaimer in the Terms and Conditions. If additional shipping charges are incurred by Pocket Nurse due to customer requests or refusal of shipment charges will revert to the customer. Accessorial charges may include, but are not limited to; change of address, residential delivery, inside delivery, stair charges, redelivery, and storage.

INVOICE REVIEWED
OKAY TO PAY
JANELLE WALKER 11/10/18

SubTotal 13.89

Customer Service - cs@pocketnurse.com or 1.800.225.1600, option 1.
 Billing - accounting@pocketnurse.com or 1.800.225.1600, option 3.

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087629
Vendor Name: Pocket Nurse
Invoice Number: 1082452-1
Invoice Date: 11/05/18
PO Number: P0361118
Check Number: E0070338
Check Amount: \$ 84.99
Check Date: 11/14/2018
Department ID: 00225
Reviewer Name: Janelle Walker
Voucher Number: V0541656
Redaction Type: None
Document Type: AP Invoice

Document Below

From: mkosanovich@pocketnurse.com

Sent: Mon Nov 05 15:46:07 CST 2018

To: invoicing@cod.edu

CC:

Subject: Invoice 1082452 for 011875 College C&D pag

APPROVED

11/12/18 - DEBRA GURNEY

See the Following attached Files:e00006531-mkosanovich.pdf

Please contact accounting@pocketnurse.com for billing questions, copies of invoices or to make credit card payments. You may also call us at 1-800-225-1600, option 3.

For questions regarding your order, please contact our customer service department at cs@pocketnurse.com or 1-800-225-1600, option 1.

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Invoice

Bill to: College Of Dupage
 425 Fawell Blvd
 Glen Ellyn, IL 60137

Phone: (630) 942-2229
 Ship to: College of DuPage
 425 FAWELL BLVD
 Purchasing Mgr/Shipng and Rcvg
 GLEN ELLYN, IL 60137-6784

Phone: (630) 942-2216
 Attn: Janelle Walker/ 361118

Invoice Number : **1082452-1**
 Customer# : 011855
 Invoice Date : 11/05/2018
 Due Date : 12/05/2018
 Ordered By : S. Castellanos
 Entered By : Jennifer Conforti
 Account Manager : Terry Kitchen
 Terms : NET 30
 Shipping Method : Ground
 Ship Acct# :
 Customer PO : 361118

Remit To: Pocket Nurse
 P.O Box 644898
 Pittsburgh, PA 15264-4898
 Tax ID : 25-1763055
 All checks must reference invoice number
 to be processed in a timely manner.

Customer/Order Instructions

Pricing based on NIPA Contract R140102
 PO# 361118
 Susan Castellanos
 (630) 942-2216
 castellanoss1510@cod.edu

Line	Order	Ship	B/O	U/M	Item #	Description	Price	Per	Extension
0001	10	10	0	BX	05-02-1300	Pocket Nurse® Swabstick Simulated w/Distilled Water	5.01	BX	50.10
0002	10	10	0	EA	06-54-7060-8IN	IV Extension Set	2.10	EA	21.00
Package Information:						Tracking #	Weight		
						470077944610	7.50		

Transportation charges on shipments from Pocket Nurse cover dock-to-dock or dock-to-curb deliveries. Please read our complete Shipping Disclaimer in the Terms and Conditions. If additional shipping charges are incurred by Pocket Nurse due to customer requests or refusal of shipment charges will revert to the customer. Accessorial charges may include, but are not limited to; change of address, residential delivery, inside delivery, stair charges, redelivery, and storage.

INVOICE REVIEWED
OKAY TO PAY
JANELLE WALKER 11/10/18

u Total 71.10

Customer Service - cs@pocketnurse.com or 1.800.225.1600, option 1.
 Billing - accounting@pocketnurse.com or 1.800.225.1600, option 3.