

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1298946

Vendor Name: 4IMPRINT, Inc.

Invoice Number: 6835798

Invoice Date: 11/09/18

PO Number: P0361059

Check Number: E0070512

Check Amount: \$ 256.56

Check Date: 11/21/2018

Department ID: 15065

Reviewer Name:

Voucher Number: V0542570

Redaction Type: None

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

Document Below

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From: yearmanc@cod.edu  
Sent: Thu Nov 15 08:51:21 CST 2018  
To: invoicing@cod.edu  
CC:  
Subject: Please process attached for payment  
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PO 361059, thank you.

*Cindy Yearman*  
Administrative Assistant, Learning Commons  
College of DuPage  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
(630) 942-2674



101 Commerce St  
PO Box 320  
Oshkosh, WI 54901

www.4imprint.com

877-446-7746

800-355-5043

CINDY YEARMAN  
COLLEGE OF DU PAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137

**Shipping Address**

Cindy Yearman  
College Of Du Page  
425 Fawell Blvd  
GLEN ELLYN, IL 601376599  
USA  
Tel: 630-942-2674

**3 WAY MATCH**

Invoice Number 6835798

Invoice Date November 9, 2018

Reference No 361059

Account No. 1397799

Account Rep. Emily Diener

Our Order No. 16870570

Item		Value Lip Balm				Colours (Tube,Flavor): White, Green Tea	
Qty	Item #	Description	Unit \$	Price \$	Total \$		
250	8886	Value Lip Balm	0.7900	197.50	197.50		
1	Set-Up Charge	Set-Up Charge(Per Order Line)	50.0000	50.00	50.00		
		Freight		9.06	9.06		
					256.56		

Total Net 256.56

Total Tax 0.00

Grand Total 256.56

Total Due 256.56

*Please ensure that payment is received by Dec 09 2018.*

**Thank You! We appreciate your business.**

**Any overruns you may have received are yours with our compliments.**

- To insure proper credit to your account, please quote "6835798/1397799" on your check or remittance.
- If you are not satisfied with your order, please call 1-800-300-0764. All claims must be made within 5 days of receipt.
- Any questions regarding your invoice? Please call 1-800-982-8979. Our terms are Net 30.
- Please make checks payable to 4imprint, Inc.

4imprint Federal ID #39-1837105, GSA Contract # GS-07F-9626S. A Late Payment Charge based on maximum annual percentage allowed by your state law will be applied to this balance owed under this invoice when the invoice becomes past due. The purchaser agrees to pay all of the company's reasonable attorney's fees and any collection agency fees incurred in the collection of any amount owed hereunder and not paid when due. Purchaser agrees to pay any sales or use tax. No credit will be issued for returned merchandise without our consent. This invoice is a conditional acceptance by the seller of the buyer's offer to purchase seller's goods. It may contain terms which differ from or add to those contained in the buyer's purchase order, and to the extent that this is the case, the seller hereby expressly conditions its acceptance of the buyer's offer on the buyer's assent to the additional or different terms. The buyer's receipt and retention of the goods covered by this invoice constitutes acceptance of any such additional or different terms. The buyer and seller agree that any contract hereby entered into has been made and is to be construed according to our State Law.

**To Pay Your Invoice Online Please Visit:**  
**[www.4imprint.com/payinvoice](http://www.4imprint.com/payinvoice)**

**To Remit By Check:**  
**4imprint, Inc.**  
**25303 Network Place**  
**Chicago, IL 60673-1253**