

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1036518

Vendor Name: Central Dupage Hospital Associ

Invoice Number: 030920

Invoice Date: 03/12/20

PO Number:

Check Number: 0266590

Check Amount: \$ 114.00

Check Date: 04/14/2020

Department ID: 00253

Reviewer Name:

Voucher Number: V0607758

Redaction Type: Other

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

Document Below

From: langj@cod.edu
Sent: Mon Mar 16 11:35:20 CDT 2020
To: invoicing@cod.edu
CC: prolac@cod.edu
Subject: Health Science Invoices

Good Morning,

Attached please find invoices for our division. I'm not sure if these can be routed through ContentWeb for approval; if not we will get these signed and sent back in April.

Thank you,

Jessica Lang

Program Support Specialist, Nursing and Health Sciences
College of DuPage | 425 Fawell Blvd | Glen Ellyn, IL 60137
630.942.2447 Direct | 630.942.8331 Office | 630.942.4222 Fax
langj@cod.edu

Gonzalez, Colleen

From: acctpay@cod.edu
Sent: Thursday, March 12, 2020 2:17 PM
To: Gonzalez, Colleen
Subject: Voucher Confirmation: V0607758

Voucher Number V0607758
Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

Voucher Date 03/12/20
Due Date 03/15/20
Vendor ID and/or Name 1036518 Central Dupage Hospital Association
AP Type IM Invoices < \$15,000
Voucher Total \$114.00

ITEM 1

Item Description DMIR Spring 2020 [REDACTED]
Quantity 1.000
Price \$30.0000
Extended Price \$30.00
GL Distribution 01-10-00253-5308001

ITEM 2

Item Description DMIR Spring 2020 [REDACTED]
Quantity 1.000
Price \$30.0000
Extended Price \$30.00
GL Distribution 01-10-00253-5308001

AP VERIFIED
03/17/20 - MARIA ZERRUDO

ITEM 3

Item Description DMIR Spring 2020 [REDACTED]
Quantity 1.000
Price \$30.0000
Extended Price \$30.00
GL Distribution 01-10-00253-5308001

ITEM 4

Item Description DMIR Spring 2020 [REDACTED]
Quantity 1.000
Price \$6.0000
Extended Price \$6.00
GL Distribution 01-10-00253-5308001

Dilyss Galljot

ITEM 5

Item Description DMIR Spring 2020 [REDACTED]
Quantity 1.000
Price \$6.0000

Colleen Prolac-Gonzalez
Administrative Assistant, Health and Sciences Division
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
E-mail: prolac@cod.edu

College of DuPage Clinical Period: January 21, 2020 – May 15, 2020
Invoice date: March 9, 2020

MODALITY	PAYMENT TERMS	DUE DATE
DMIR Radiography	Due on receipt	May 2020

Clinical Semester	Student	Year	Fee	Pin Fee	Total Fee
Spring 2020		Junior	\$ 30.00		\$ 30.00
Spring 2020		Junior	\$ 30.00		\$ 30.00
Spring 2020		Junior	\$ 30.00		\$ 30.00
Spring 2020		Senior	\$ 45.00	\$ 39.00	\$ 6.00
Spring 2020		Senior	\$ 45.00	\$ 39.00	\$ 6.00
Spring 2020		Senior	\$ 45.00	\$ 39.00	\$ 6.00
Spring 2020		Senior	\$ 45.00	\$ 39.00	\$ 6.00
TOTAL					\$ 114.00

Submitted by: Alana Crowder B.S.R.T.

Please remit payment to:

Lauri V. Camp B.S., R.D.M.S
Northwestern Medicine Central DuPage Hospital
Diagnostic Imaging
25 N Winfield Road
Winfield, Illinois 60190

ATTN: Director, Radiology and Imaging Services
Lauri V. Camp B.S., R.D.M.S.

Diyas Gallyat



COLLEGE OF DUPAGE-HYGIENE
DENTAL HYGIENE DEPARTMENT
425 FAWELL AVE
GLEN ELLYN IL 60137-6708
US

Patterson Dental Supply, Inc.
1226 MICHAEL DRIVE SUITE G
WOOD DALE IL 60191-1005
US

INVOICE

Order #	Pack Slip #	Invoice #
0611245681	8006373871	3003870481

Ship Date: Mar 11, 2020 2:34:01 PM
Invoice Date: Mar 11, 2020
Customer P.O.: BO 365 216
Shipped From:
Patterson Logistics Services, Inc.
7055 CLEVELAND RD
SOUTH BEND IN 46628-7724
US

Customer #: 0200085769

Bill Cust #: 0200040696
Loyalty Status: Institution

Telephone: 630-616-8202
Representative: Anthony Skrobowski

Rx License# :

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount	T
71133008	3.000	3.000	BX	PATTER	71133008	MASK EARLOOP PLEATED BLUE 50/BOX	\$ 8.09	\$ 24.27	
71133214	3.000	3.000	BX	PATTER	71133214	MASK EARLOOP PLEAT SENS SKIN LEVEL 1 WH	\$ 7.79	\$ 23.37	
77331218	3.000	3.000	BX	VALUMA	5630E-PGO	MASK ULTRA-3-IN-1 EARLOOP MULTI COLOR 5	\$ 8.79	\$ 26.37	
77331226	3.000	3.000	BX	VALUMA	5630E-SB	MASK ULTRA-3-IN-1 EARLOOP SKY BLUE 50/B	\$ 8.79	\$ 26.37	
77331291	3.000	3.000	BX	VALUMA	5630E-TE	MASK ULTRA-3-IN-1 EARLOOP TEAL 50/BX	\$ 8.79	\$ 26.37	
77331275	3.000	3.000	BX	VALUMA	5630E-PP	MASK ULTRA-3-IN-1 EARLOOP PURPLE 50/BX	\$ 8.79	\$ 26.37	
77331234	3.000	3.000	BX	VALUMA	5630E-LP	MASK ULTRA-3-IN-1 EARLOOP LIGHT PINK 50	\$ 8.79	\$ 26.37	
71193721	3	0	BX	PATTER	GCIBLPAT	MASK PRIMARY PERFORMANCE EARLOOP L1 BLUE 50/BX			
						Shipped from Boone Dental FC			
77331259	3	0	BX	VALUMA	5630E-YE	MASK ULTRA-3-IN-1 EARLOOP YELLOW 50/BX			
						Shipped from Boone Dental FC			
<p><i>Dilyss Galliot</i></p> <p><i>GL# : 01-10-00153-5401002</i></p>									

Total 21 21

Sub Total		\$ 179.49
Local Tax	0.00 %	\$ 0.00
State Tax	0.00 %	\$ 0.00
Shipping and Handling		\$ 8.17
Discount		\$ 8.17-
Total		\$ 179.49

Payment Terms
Net Due 30 Days from Inv. Date

Remit Payment to:
Patterson Dental Supply, Inc.
28244 Network Place
Chicago IL 60673-1282

We apologize if your infection control product order has not been delivered in full. Patterson Dental is implementing special measures to ensure continuity of supply. These items are being monitored as we work with our manufacturing and Patterson Dental supply chain teams to meet the order needs of all Patterson customers. ALL SALES OF MASKS ARE FINAL AND NOT RETURNABLE. Customer may be obligated under federal law to disclose information from this invoice to Medicare, Medicaid, or similar state, federal or private payers for payment or review if any prices for products provided herein subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DSCSA/state law transaction statements, info and history documents available to you by Tracelink. Enter <https://app.tracelink.com/login> into your web browser, to access this info. A one-time registration is required.



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COLLEGE OF DUPAGE-HYGIENE
DENTAL HYGIENE DEPARTMENT
425 FAWELL AVE
GLEN ELLYN IL 60137-6708
US

Customer #: 0200085769

Bill Cust #: 0200040696
Loyalty Status: Institution

S
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Y

Patterson Dental Supply, Inc.
1226 MICHAEL DRIVE SUITE G
WOOD DALE IL 60191-1005
US

Telephone: 630-616-8202
Representative: Anthony Skrobowski

INVOICE

Order #	Pack Slip #	Invoice #
0611201662		3003830344

Ship Date: Mar 9, 2020 1:53:26 PM

Invoice Date: Mar 10, 2020

Customer P.O.: BO 365 216

Shipped From:

Patterson Dental Supply, Inc.
1226 MICHAEL DRIVE SUITE G
WOOD DALE IL 60191-1005
US

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount	T A X
70168195	3.000	3.000	S1	POS	SAN30072	SHARPIE FINE PT ASSRT 12/SET ASST 12/PK	\$ 12.90	\$ 38.70	
<p><i>Dilyss Gallyot</i></p> <p><i>GL# 01-10-00153-5401002</i></p>									

Total	3	3
Terms of Payment Net Due 30 Days from Inv. Date Remit Payment to: Patterson Dental Supply, Inc. 28244 Network Place Chicago IL 60673-1282		
Page 1	of 1	

We apologize if your infection control product order has not been delivered in full. Patterson Dental is implementing special measures to ensure continuity of supply. These items are being monitored as we work with our manufacturing and Patterson Dental supply chain teams to meet the order needs of all Patterson customers. ALL SALES OF MASKS ARE FINAL AND NOT RETURNABLE. Customer may be obligated under federal law to disclose information from this invoice to Medicare, Medicaid, or similar state, federal or private payers for payment or review if any prices for products provided herein subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DSCSA/state law transaction statements, info and history documents available to you by TraceLink. Enter <https://app.tracelink.com/login> into your web browser, to access this info. A one-time registration is required.

Sub Total		\$ 38.70
Local Tax	0%	\$0.00
State Tax	0%	\$0.00
Shipping and Handling		\$ 1.87
Discount		\$ 1.87-
Total		\$ 38.70



COLLEGE OF DUPAGE-HYGIENE
DENTAL HYGIENE DEPARTMENT
425 FAWELL AVE
GLEN ELLYN IL 60137-6708
US

Customer #: 0200085769

Bill Cust #: 0200040696
Loyalty Status: Institution

Patterson Dental Supply, Inc.
1226 MICHAEL DRIVE SUITE G
WOOD DALE IL 60191-1005
US

Telephone: 630-616-8202
Representative: Anthony Skrobowski

Rx License# :

Conf Only
3/13/20
YAL

INVOICE

Order #	Pack Slip #	Invoice #
0611201662	8006312300	3003791720

Ship Date: Mar 09, 2020 1:26:30 PM
Invoice Date: Mar 09, 2020
Customer P.O.: BO 365 216
Shipped From:
Patterson Logistics Services, Inc.
925 CAROLINA PINES BLVD STE B
BLYTHEWOOD SC 29016-7926
US

[illegible]

Dilyss Gallyot
GL# 01-10-00153-5401002

Total	3	3	We apologize if your infection control product order has not been delivered in full. Patterson Dental is implementing special measures to ensure continuity of supply. These items are being monitored as we work with our manufacturing and Patterson Dental supply chain teams to meet the order needs of all Patterson customers. ALL SALES OF MASKS ARE FINAL AND NOT RETURNABLE. Customer may be obligated under federal law to disclose information from this invoice to Medicare, Medicaid, or similar state, federal or private payers for payment or review if any prices for products provided herein subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DSCSA/state law transaction statements, info and history documents available to you by TraceLink. Enter https://app.tracelink.com/login into your web browser, to access this info. A one-time registration is required.	Sub Total		\$ 17.97
Payment Terms				Local Tax	0.00 %	\$ 0.00
Net Due 30 Days from Inv. Date				State Tax	0.00 %	\$ 0.00
				Shipping and Handling		\$ 0.87
				Discount		\$ 0.87-
Remit Payment to:						
Patterson Dental Supply, Inc.						
28244 Network Place						
Chicago IL 60673-1282						
Page	1	of	1	Total		\$ 17.97



COLLEGE OF DUPAGE-HYGIENE
DENTAL HYGIENE DEPARTMENT
425 FAWELL AVE
GLEN ELLYN IL 60137-6708
US

Customer #: 0200085769

Bill Cust #: 0200040696
Loyalty Status: Institution

Patterson Dental Supply, Inc.
1226 MICHAEL DRIVE SUITE G
WOOD DALE IL 60191-1005
US

Telephone: 630-616-8202
Representative: Anthony Skrobowski

Rx License# :

Only Only
3/13/20
KEL

INVOICE

Order #	Pack Slip #	Invoice #
0611245681	8006373841	3003857760

Ship Date: Mar 11, 2020 11:50:19 AM
Invoice Date: Mar 11, 2020
Customer P.O.: BO 365 216
Shipped From:
Patterson Logistics Services, Inc.
1905 LAKEWOOD DR
BOONE IA 50036-7604
US

[illegible]

Silvss. Gallot

GL#: 0170-00153-540/002

Total	6	6
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Payment Terms
Net Due 30 Days from Inv. Date

Remit Payment to:
Patterson Dental Supply, Inc.
28244 Network Place
Chicago IL 60673-1282

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Sub Total		\$ 56.58
Local Tax	0.00 %	\$ 0.00
State Tax	0.00 %	\$ 0.00
Shipping and Handling		\$ 2.58
Discount		\$ 2.58-
Total		\$ 56.58



Invoice

INV-1007564

Balance Due
\$541.73

Shop Anatomical, Inc.

Tax ID : 26-3388644

REMIT PAYMENT TO:
PO Box 1320,
Lexington, South Carolina 29071
U.S.A

Invoice Date : March 13, 2020
Payment Terms : Net 30
Due Date : April 12, 2020
P.O.# : 369152

Bill To
College of DuPage

*A 1.5% finance charge will be assessed on past due invoices.

#	Product ID & Description	Qty	Unit Price	Amount
1	Ear, 3 Times Life Size, 4 Part SKU : 3B-E10 Shipped	1.00	122.40	122.40
2	Human Ear Anatomy Model w/ Patient Education Card SKU : G225 Shipped	1.00	63.83	63.83
3	Life Size Regional Brain, 2 part SKU : DG-0156-00 Shipped	1.00	281.01	281.01
4	Sensory-Motor Half Brain Model SKU : G295 Shipped	1.00	74.49	74.49
Total # of Items: 4.00			Sub Total	541.73
			Total	\$541.73
			Balance Due	\$541.73

Notes

Thank you for your business.

Dilyss Gallyot

GL# : 0140-00273-5401002

www.ShopAnatomical.com

Lang, Jessica

From: Coe, Barb
Sent: Wednesday, March 11, 2020 5:30 PM
To: Lang, Jessica
Subject: FW: Your Logic eXtension Resources Order (Invoice)

Jessica,

All tests that were ordered are accounted for. You can pay this invoice at anytime. If you need anything from me, don't hesitate to reach out.

b

On 3/10/20, 2:00 PM, "LXROrders@goAMP.com" <LXROrders@goAMP.com> wrote:

This is your order summary. An invoice will be sent within 24 hours.

=====

INVOICE 412681

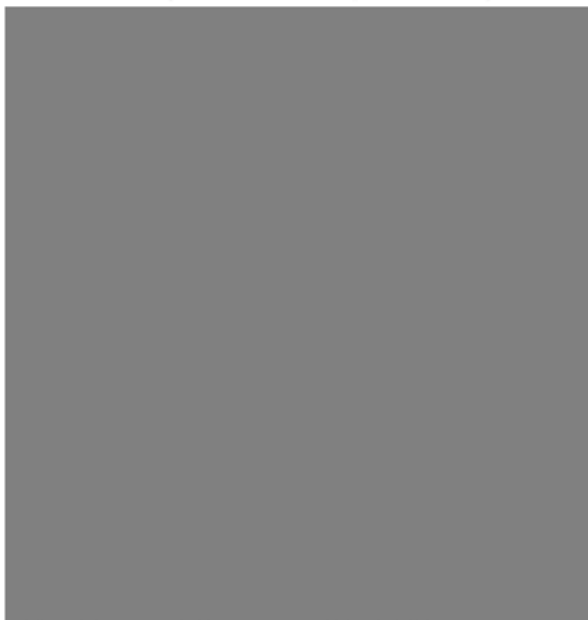
Order Date: 3/10/2020 1:13:25 PM

Account: Barbara Coe (coebarb@cod.edu)

Reference/PO: 369041

Due Date: 5/9/2020

Item	Description	Qty	UnitPrice	Price
WT2-6343-F-1767	Secure Comprehensive Therapist Multiple-Choice SAE (Form 2020)	34	\$45.00	\$1,530.00



Effective: 3/10/2020 through 6/8/2020

* YOU WILL RECEIVE AN ADDITIONAL E-MAIL
WITH FURTHER INSTRUCTIONS.



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WITH FURTHER INSTRUCTIONS.



* YOU WILL RECEIVE AN ADDITIONAL E-MAIL
WITH FURTHER INSTRUCTIONS.




* YOU WILL RECEIVE AN ADDITIONAL E-MAIL
WITH FURTHER INSTRUCTIONS.

Callan Lister (ID: 877058586)



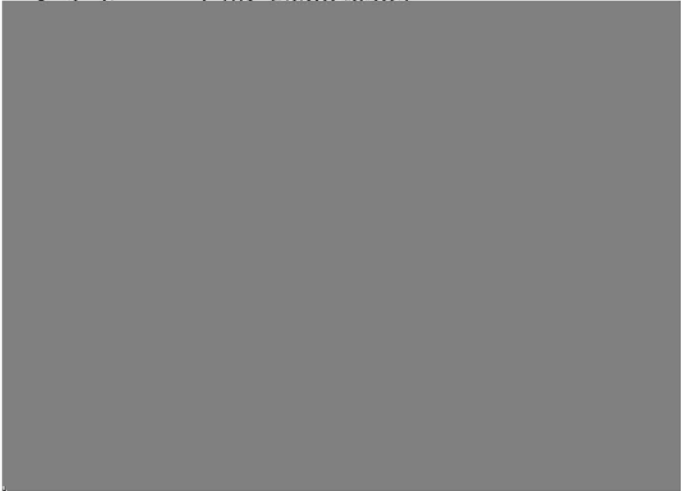
WITH FURTHER INSTRUCTIONS.



Effective: 3/10/2020 through 6/8/2020

* YOU WILL RECEIVE AN ADDITIONAL E-MAIL
WITH FURTHER INSTRUCTIONS.

Callan Lister (ID: 877058586)



* YOU WILL RECEIVE AN ADDITIONAL E-MAIL
WITH FURTHER INSTRUCTIONS.

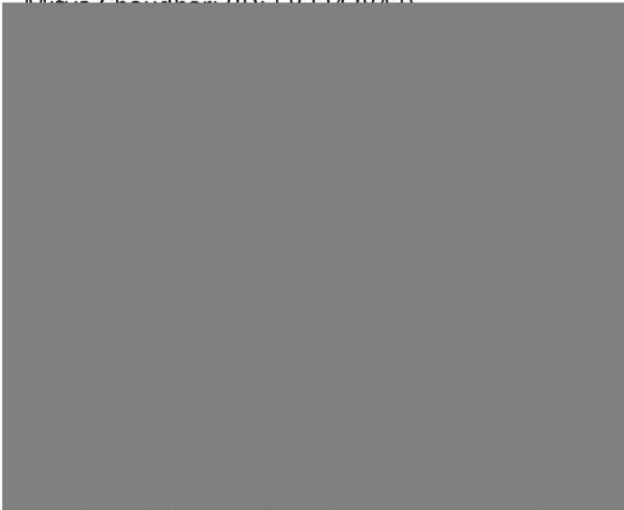


WT2-634

.00 \$1,530.00

* YOU WILL RECEIVE AN ADDITIONAL E-MAIL
WITH FURTHER INSTRUCTIONS.

Mitja Choukari (ID: 583343843)



YOU WILL RECEIVE AN ADDITIONAL E-MAIL
WITH FURTHER INSTRUCTIONS.





* YOU WILL RECEIVE AN ADDITIONAL E-MAIL
WITH FURTHER INSTRUCTIONS.



* YOU WILL RECEIVE AN ADDITIONAL E-MAIL
WITH FURTHER INSTRUCTIONS.

Tolson, M. (18-782273-134)





WITH FURTHER INSTRUCTIONS.



Effective: 3/10/2020 through 6/8/2020
* YOU WILL RECEIVE AN ADDITIONAL E-MAIL
WITH FURTHER INSTRUCTIONS.

Transcript ID: 377633633



Subtotal: \$3,060.00

TOTAL: \$3,060.00

BALANCE DUE: \$3,060.00 NBRC Net 60

Please remit payment to:
AMP Corporate Headquarters
18000 W. 105th Street
Olathe, KS 66061-7543

To avoid late fee, please submit the balance in full for our receipt prior to the due date.
Checks should be made payable to Applied Measurement Professionals, Inc.; please write invoice number on check.
To arrange for payment by credit card, call our office at the number below.
Late fees of 1.25% of the balance due will be added monthly for accounts 60 days past due.

Federal Tax ID: 48-0940267

A few reminders about our store:

Web tests and surveys are delivered electronically--NOTHING is shipped. (A SEPARATE E-MAIL PROVIDES INSTRUCTIONS FOR EACH WEB TEST OR SURVEY ORDERED.)

For questions about your order, please contact:
Email: orders@lrx.com
Phone: 913-895-4828 (between the hours of 8:30a and 5:00p CST.)

****NEVER PROVIDE YOUR CREDIT CARD INFORMATION BY EMAIL****

Applied Measurement Professionals, Inc.

Dilyss Gallyot

GL#: 01-10-00257-S401002

17M-R - 41

1

delivery@uniberrycleaners.com
630-587-2400

249828

38 6598

NA Laundry Bundle

EK

Mar 10 20 7 59a

College Of Dupage, Pt

Po 17046 Assistant Program
Glen Ellyn IL 60137

630 947-1134

Acct 102849

No Star Hang

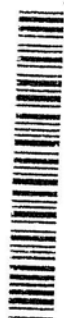
Laundry #50

64.50

0 Pcs

Subtotal 64.50

Total \$64.50



Ready Wed Mar 11 20 4:00p

Dilyss Gallyot

GL# : 61-10-00237-S304001

BO# 365279

From: langj@cod.edu
Sent: Tue Apr 07 11:41:15 CDT 2020
To: invoicing@cod.edu
CC: prolac@cod.edu
Subject: Northwestern Invoice

Hello,

I don't believe this ever went through Perceptive.

Thank you,

Jessica Lang

Program Support Specialist, Nursing and Health Sciences
College of DuPage | 425 Fawell Blvd | Glen Ellyn, IL 60137
630.942.2447 Direct | 630.942.8331 Office | 630.942.4222 Fax
langj@cod.edu

Gonzalez, Colleen

From: acctpay@cod.edu
Sent: Thursday, March 12, 2020 2:17 PM
To: Gonzalez, Colleen
Subject: Voucher Confirmation: V0607758

AP VERIFIED

04/07/20 - MARIA ZERRUDO

Voucher Number V0607758
Voucher Status In Progress (Unfinished)

Requestor Name Ms Colleen E. Gonzalez

Voucher Date 03/12/20
Due Date 03/15/20
Vendor ID and/or Name 1036518 Central Dupage Hospital Association
AP Type IM Invoices < \$15,000
Voucher Total \$114.00

ITEM 1

Item Description DMIR Spring 2020 Mosca
Quantity 1.000
Price \$30.0000
Extended Price \$30.00
GL Distribution 01-10-00253-5308001

ITEM 2

Item Description DMIR Spring 2020 Romano
Quantity 1.000
Price \$30.0000
Extended Price \$30.00
GL Distribution 01-10-00253-5308001

ITEM 3

Item Description DMIR Spring 2020 Wood
Quantity 1.000
Price \$30.0000
Extended Price \$30.00
GL Distribution 01-10-00253-5308001

ITEM 4

Item Description DMIR Spring 2020 Gowrie
Quantity 1.000
Price \$6.0000
Extended Price \$6.00
GL Distribution 01-10-00253-5308001

ITEM 5

Item Description DMIR Spring 2020 Leveille
Quantity 1.000
Price \$6.0000

Dilyss Galliot

Colleen Prolac-Gonzalez
Administrative Assistant, Health and Sciences Division
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
E-mail: prolac@cod.edu

College of DuPage Clinical Period: January 21, 2020 – May 15, 2020
Invoice date: March 9, 2020

MODALITY	PAYMENT TERMS	DUE DATE
DMIR Radiography	Due on receipt	May 2020

Clinical Semester	Student	Year	Fee	Pin Fee	Total Fee
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TOTAL					\$ 114.00

Submitted by: Alana Crowder B.S.R.T.

Please remit payment to:

Lauri V. Camp B.S., R.D.M.S.
Northwestern Medicine Central DuPage Hospital
Diagnostic Imaging
25 N Winfield Road
Winfield, Illinois 60190

ATTN: Director, Radiology and Imaging Services
Lauri V. Camp B.S., R.D.M.S.

Diyss Gallyat