

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087629
Vendor Name: Pocket Nurse
Invoice Number: 1143528-1
Invoice Date: 03/12/20
PO Number: P0369116
Check Number: E0079789
Check Amount: \$ 186.38
Check Date: 04/08/2020
Department ID: 64001
Reviewer Name: Yvonne Bedford
Voucher Number: V0607888
Redaction Type: None
Document Type: AP Invoice

Document Below

From: estevens@pocketnurse.com
Sent: Thu Mar 12 15:01:47 CDT 2020
To: invoicing@cod.edu
CC:
Subject: Invoice 1143528 for 011855 College Of Dupage

See the Following attached Files:01143528-001

Please contact accounting@pocketnurse.com for billing questions, copies of invoices. 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) 942-2788
 Attn: Kim Magett/SRC-1111

Invoice Number : **1143528-1**

Customer# : 011855

Invoice Date : 03/12/2020

Due Date : 04/11/2020

Ordered By : K. Magett

Entered By : Brad Herskovitz

Account Manager : Terry Kitchen

Terms : NET 30

Shipping Method : Ground

Ship Acct# :

Customer PO : 369116

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 OMNIA Contract R190201

Line	Order	Ship	B/O	U/M	Item #	Description	Price	Per	Extension
0001	40	40	0	EA	06-93-0631	Demo Dose® Steril Water for Injection 20mL	1.93	EA	77.20
0002	4	4	0	EA	06-93-1202	Demo Dose® Amoxicillin Clavul- anc acid Augmentn 400mg 5ml	3.36	EA	13.44
0003	1	1	0	CS	03-75-41	Pocket Nurse® Isolation Gown Latex Free	37.04	CS	37.04
0004	1	1	0	BX	08-75-03-BLU21IN	Pocket Nurse® Bouffant Cap	7.90	BX	7.90
0005	10	10	0	EA	06-93-1000-100ML	Demo Dose® 5PCT Dextros IV Fluid	1.93	EA	19.30
0006	2	2	0	EA	06-93-1020-50ML	Demo Dose® .9PCT Sodim Chlorid IV Fluid	1.85	EA	3.70
0007	20	20	0	BTL	06-69-2000-13DRAM	Rx Pill Bottle w/Multi Function Reversible Cap	0.25	BTL	5.00
0008	20	20	0	BTL	06-69-2000-16DRAM	Rx Pill Bottle w/Multi Function Reversible Cap	0.25	BTL	5.00
0009	20	20	0	BTL	06-69-2000-30DRAM	Rx Pill Bottle w/Multi Function Reversible Cap	0.25	BTL	5.00
0010	20	20	0	BTL	06-69-2000-40DRAM	Rx Pill Bottle w/Multi Function Reversible Cap	0.39	BTL	7.80
0011	20	20	0	BTL	06-69-2000-8DRAM	Rx Pill Bottle w/Multi Function Reversible Cap	0.25	BTL	5.00
Package Information:						Tracking #	Weight		

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



Invoice

 Invoice Number : **1143528-1**

Customer# : 011855

Invoice Date : 03/12/2020

Due Date : 04/11/2020

Line	Order	Ship	B/O	U/M	Item #	Description	Price	Per	Extension
					172243226955		11.25		
					172243226988		8.65		

Transportation charges on shipments for 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, re-delivery, and storage.

APPROVED
04/06/20 - DANIEL DEASY

INVOICE REVIEWED
OKAY TO PAY

YVONNE BEDFORD 03/13/20

SubTotal 186.38

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


Total 186.38