

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1084150  
Vendor Name: DuPage County Health Dept.  
Invoice Number: IN0031023  
Invoice Date: 04/29/20  
PO Number: B0365165  
Check Number: E0080124  
Check Amount: \$ 2,266.00  
Check Date: 05/20/2020  
Department ID: 00069  
Reviewer Name: David Kramer  
Voucher Number: V0622767  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: zerrudom@cod.edu

Sent: Mon May 18 16:10:10 CDT 2020

To: invoicing@cod.edu

CC:

Subject: Attached Document  
-----

-----  
From: kramerd@cod.edu  
Sent: Mon May 18 10:54:23 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Invoices  
-----

Please find attached invoices - Thanks

## INVOICE - FIRST NOTICE

**Total Amount of:**

**\$863.00**

**B0365165**

**Due By:**

TO: COLLEGE OF DUPAGE ATTN:FINE DINING & BAR  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137

Invoice ID  
IN0031023

Date  
4/29/2020

Account ID  
AR0003091

Facility ID  
FA0002813

RE: COLLEGE OF DUPAGE

PLEASE RETURN ABOVE PORTION OF INVOICE NOTICE WITH PAYMENT

Date	Program/ Element	Description	Amount
4/29/2020	4011	Annual Category I Food Establishment 425 FAWELL BLVD GLEN ELLYN IL 60137 FINE DINING & BAR	\$863.00
Total Due for This Invoice:			\$863.00

**Late Fee: A 25% Penalty will be charged/due in addition to the listed fee, if paid after due date.**

**APPROVED**  
**05/19/20 - KRISTINE FAY**

**INVOICE REVIEWED**  
**OKAY TO PAY**  
**DAVID KRAMER 05/19/20**

Please note: if you are paying with check, include the invoice # on the check itself!  
**You can now pay online! Visit our website at <https://eco.dupagehealth.org/#/onlinePayments>**

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1084150  
Vendor Name: DuPage County Health Dept.  
Invoice Number: IN0031024  
Invoice Date: 04/29/20  
PO Number: B0365165  
Check Number: E0080124  
Check Amount: \$ 2,266.00  
Check Date: 05/20/2020  
Department ID: 00069  
Reviewer Name: David Kramer  
Voucher Number: V0622772  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: zerrudom@cod.edu

Sent: Mon May 18 16:04:13 CDT 2020

To: invoicing@cod.edu

CC:

Subject: Attached Document  
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-----  
From: kramerd@cod.edu  
Sent: Mon May 18 10:54:23 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Invoices  
-----

Please find attached invoices - Thanks

## INVOICE - FIRST NOTICE

**B0365165**

**Total Amount of:**

**\$863.00**

**Due By:**

TO : COLLEGE OF DUPAGE ATTN: CASUAL DINING & CULINARY MARKET  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137

Invoice ID

IN0031024

Date

4/29/2020

Account ID

AR0003092

Facility ID

FA0002812

RE : COLLEGE OF DUPAGE

PLEASE RETURN ABOVE PORTION OF INVOICE NOTICE WITH PAYMENT

Date	Program/ Element	Description	Amount
4/29/2020	4011	Annual Category I Food Establishment 425 FAWELL BLVD GLEN ELLYN IL 60137 CASUAL DINING & CULINARY MARKET	\$863.00
Total Due for This Invoice:			\$863.00

**Late Fee: A 25% Penalty will be charged/due in addition to the listed fee, if paid after due date.**

**APPROVED**  
**05/19/20 - KRISTINE FAY**

**INVOICE REVIEWED**  
**OKAY TO PAY**  
**DAVID KRAMER 05/19/20**

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Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1084150  
Vendor Name: DuPage County Health Dept.  
Invoice Number: IN0031022  
Invoice Date: 04/29/20  
PO Number: B0365165  
Check Number: E0080124  
Check Amount: \$ 2,266.00  
Check Date: 05/20/2020  
Department ID: 00069  
Reviewer Name: David Kramer  
Voucher Number: V0622774  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: kramerd@cod.edu  
Sent: Mon May 18 10:54:23 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Invoices  
-----

Please find attached invoices - Thanks

## INVOICE - FIRST NOTICE

**B0365165**

**Total Amount of:**

**\$540.00**

**Due By:**

TO : COLLEGE OF DUPAGE ATTN:BAKESHOPS 1,2 CHOCOLATE ROOM  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137

Invoice ID

IN0031022

Date

4/29/2020

Account ID

AR0003090

Facility ID

FA0002814

RE : COLLEGE OF DUPAGE

PLEASE RETURN ABOVE PORTION OF INVOICE NOTICE WITH PAYMENT

Date	Program/ Element	Description	Amount
4/29/2020	4009	Annual Category II Food Establishment 425 FAWELL BLVD GLEN ELLYN IL 60137	BAKESHOPS 1, 2 CHOCOLATE ROOM \$540.00
Total Due for This Invoice:			\$540.00

**Late Fee: A 25% Penalty will be charged/due in addition to the listed fee, if paid after due date.**

**APPROVED**  
**05/19/20 - KRISTINE FAY**

**INVOICE REVIEWED**  
**OKAY TO PAY**  
**DAVID KRAMER 05/19/20**

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