

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1597476

Vendor Name: American Medical Association

Invoice Number: B0370924

Invoice Date: 09/01/20

PO Number: B0370924

Check Number: 0272400

Check Amount: \$ 73.90

Check Date: 09/15/2020

Department ID: 00189

Reviewer Name:

Voucher Number: V0643118

Redaction Type: None

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

Document Below

From: townelj@cod.edu
Sent: Tue Sep 01 09:14:54 CDT 2020
To: invoicing@cod.edu
CC: langj@cod.edu
Subject: College of DuPage BO 370924 Check Enclosed Request

Hello,

Please see the attached check enclosed request for BO 370924 for American Medical Association. The vendor requires payment before the items can be shipped.

Jessica-Please follow up with the vendor to make sure the delivery goes as planned. There is no way to edit the shipping address on the BO.

Thank you,

Jordan Towne

Purchasing Expeditor



425 Fawell Blvd. | BIC 1B03 | Glen Ellyn, IL 60137-6599 | USA

T: (630) 942.2576 | F: (630) 942.4201 | townelj@cod.edu

- ***Click Here for current bids/Rfps!***
- ***COD: Check out our Team Site!***

Bill To:**College of DuPage**

College of DuPage Accounts Payable
425 Fawell Blvd.
Glen Ellyn, IL 60137

Accounts Payable, SRC2049
Phone: 630-942-2228
Fax: 630-858-9078

Vendor:

1597476
American Medical Association
330 N Wabash Ave Ste 39300
Chicago, IL 60611-5885

Attn: Customer Service

Phone: 312-464-4782
Fax:



Check
Enclosed

PURCHASE ORDER

370924

Page: 1

Release Method: Hard Copy

Release Date: 09/01/2020

Created Date: 09/01/2020

Ship To:

BLANKET PO
425 Fawell Blvd.
Glen Ellyn, IL 60137

Purchasing, Manager

Phone: 630-942-2378

Fax:

Deliver To: Joyce Graves, HSC 1220

PO Created By: Towne, Jordan

Purchase Order Comments:

AP VERIFIED

09/01/20 - MARIA ZERRUDO

Requisition Number(s): 681533

Requisitioner Name(s): Jessica Lang

#	Vendor Item	QTY	UOM	Description	Unit Price	Total Price
1		1	Each	CPT Changes 2021 Book	\$63.95	\$63.95
Deliver To: Joyce Graves, HSC 1220						
2		1	Each	Shipping	\$9.95	\$9.95
Deliver To: Joyce Graves, HSC 1220						
Sub Total: \$						73.90
Total: \$						73.90

Account Code Summary

Account Code	Account Description	Amount
01-10-00189-5401002		\$73.90

Terms and Conditions:

1. F.O.B. DESTINATION unless otherwise indicated under Purchase Order Comments.
2. College of DuPage will only accept electronic invoices, which can be in any format, including but not limited to PDF, Word, Excel. Invoices must reference the COD Purchase Order Number. Invoices are to be emailed to invoicing@cod.edu. Questions about payment status or other inquiries, please email acctpay@cod.edu or call 630-942-2228.
3. All payments are processed via ACH transfer on a weekly basis. You are strongly encouraged to set up your ACH account upon receipt of this PO to avoid unnecessary payment delays. A letter will be sent to you under separate cover which outlines the set-up instructions, your log-in, and temporary password. Invoices must be received in an electronic format at least three weeks prior to the due date and are to be emailed to invoicing@cod.edu. Paper checks are issued once-a-month. A paper check will be issued to foreign vendors that are not eligible for ACH transfer.
4. All invoices must be provided to the College for services rendered directly to the College. Undisputed invoices will be paid within sixty (60) days of receipt of properly submitted invoices to the Contractor, in accordance with the Local Government Prompt Payment Act.
5. All solicitations must be directed to the Purchasing Department. Any vendor selling directly to any faculty or staff member, without prior authorization from the Purchasing Department will be removed from our vendor list.
6. College of DuPage is exempt from payment of the Retailers' Occupation Tax, the Service Occupation Tax (both state and local), the Use Tax, and the Service Use Tax. The College's Tax Exemption Identification Number is E9997-3391-06.
7. If unable to ship and/or deliver as required, advise the Purchasing Department immediately with full details at 630-942-2217.
8. All packages shall clearly indicate the purchase order number and contain a packing list of all contents with itemized descriptions.
9. All shipments are accepted subject to inspection and approval by College of DuPage.
10. Any company/organization to be awarded a contract for goods and/or services must be in compliance with the fair employment practice act and all rules & regulations thereunder.
11. Suppliers are required to comply with executive orders 11246, 11375, The Rehabilitation Act of 1973, and the Vietnam Readjustment Act of 1974.

Bill To:**College of DuPage**

College of DuPage Accounts Payable
425 Fawell Blvd.
Glen Ellyn, IL 60137

Accounts Payable, SRC2049
Phone: 630-942-2228
Fax: 630-858-9078

12. All contracts for construction work are subject to the provisions of 820 ILCS 130, ch. 48, Par. 39s-1 through 39s-12, providing for payment of the prevailing rate of wages to laborers, workmen & mechanics. Contractor shall submit to the College, monthly certified payroll records for all workers and sub-contractors utilized for the project.

PURCHASE ORDER

370924

Page: 2**Release Method:** Hard Copy**Release Date:** 09/01/2020**Created Date:** 09/01/2020



August 14, 2020

Your sales quote number is: 46269467. One more step is required on your part to complete your order!

COLLEGE OF DUPAGE
JESSICA LANG
425 FAWELL BLVD
HEALTH SCIENCES
GLEN ELLYN, IL 60137-6599
630 9422447

Dear Valued AMA Customer,

An American Medical Association representative recently spoke with you by phone to assist you in outlining your product needs. It's now time to complete your order! Listed below is your sales quote.

Sales Quote Detail:

Description	Qty	Price
CPT CHANGES 2021	1	\$63.95

Tax: \$5.60

Shipping and Handling is \$9.95

The Order Total is \$79.50

Please provide payment in the form of a credit card or check.

Payment by Credit Card:

Call us with your credit card number at 800 621-8335 or mail your credit card information to the address below. We accept Visa, MasterCard, or American Express. Be sure to mention your sales quote number shown above when you call.

Payment by Check:

Make checks payable to the American Medical Association. Be sure to reference your sales quote number shown above on your check! Mail your check to:

American Medical Association
PO Box 74008935
Chicago, IL 60674-8935

All in stock items will be shipped immediately when we receive your payment! Soon to be published items will be shipped as they become available.

If you have any questions concerning this order, please call the AMA Unified Service Center at 800 621-8335 for assistance, or contact us via e-mail at: customer.relations@ama-assn.org.

Thank you for completing your order!