

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1596869
Vendor Name: Merry X-Ray Chemical Corp
Invoice Number: 8800649944
Invoice Date: 08/05/20
PO Number: B0370562
Check Number: 0272510
Check Amount: \$ 4,650.00
Check Date: 09/15/2020
Department ID: 00253
Reviewer Name: Colleen Gonzalez
Voucher Number: V0640235
Redaction Type: None
Document Type: AP Invoice

Document Below

From: cruseb199@cod.edu
Sent: Wed Aug 19 12:00:12 CDT 2020
To: invoicing@cod.edu
CC:
Subject: Scanned from a Xerox Multifunction Printer

Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Printer.
Attachment File Type: pdf, Multi-Page Multifunction Printer Location: SRC 2130 Device Name: PRN264

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

INVOICE



PURCHASE ORDER 370562		INVOICE/FID 8800649944	INVOICE DATE 08/05/2020	ACCOUNT NO 1028992
SALES OFFICE 115	ORDER DATE 01/16/2020	DIVISION 20	PAYMENT TERMS Net 30 Days	DUE DATE 09/04/2020

SOLD TO:1028992
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137
USA

BILL TO:
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137
USA

SHIP TO:1028992
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137
USA

APPROVED

08/28/20 - DILYSS GALLYOT

QTY	UNIT	REFERENCE/ ITEM NO	DESCRIPTION	EXTENDED AMT
1	YR	MAIN_ENT_PMI	PREVENTIVE MAINTENANCE CONTRACT Contract: 40024509 Period: 07/01/2020 to 06/30/2021 # Equipment # Model SN# 1 900017693 OPTIMAX 117040-13061917 2 900017694 AMX-4 46-270954G2 3 900017695 S-210 D800-003 4 900017696 S-210 NR005-216 5 900017697 DR PANEL KV07091156045 6 900017699 DR PANEL KV07091066018 7 900017700 DR PANEL KV0704B184205 SubTotal: \$4,650.00 Tax: \$0.00 Total: \$4,650.00	\$4,650.00

INVOICE REVIEWED

OKAY TO PAY

COLLEEN GONZALEZ 08/25/20

A SERVICE CHARGE OF 5% PER MONTH WILL BE CHARGED FROM THE DATE OF THIS INVOICE ON ALL ACCOUNTS NOT PAID WHEN DUE. WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH THE FEDERAL FOOD, DRUG, AND COSMETIC ACT, AND ALL REGULATIONS THEREUNDER. GOODS MAY OR MAY NOT CONTAIN REMANUFACTURED COMPONENTS FOLLOWING LIMITED PRIOR USE WHICH CONFORM TO NEW COMPONENT AND SYSTEM PERFORMANCE SPECIFICATIONS. ALL RETURNED GOODS MUST BE AUTHORIZED BY MERRY X-RAY CORPORATION, PRIOR TO THEIR RETURN. ALL RETURNS OF MERCHANDISE SHIPPED CORRECTLY ARE SUBJECT TO A RESTOCKING CHARGE. ALL REQUESTS FOR PROOF OF DELIVERY MUST BE SUBMITTED WITHIN 30 DAYS OF INVOICE DATE.

RETURN THIS PORTION WITH PAYMENT FOR PROPER CREDIT

*NOTICE: YOU MAY BE REQUIRED TO REPORT DISCOUNTS ON ITEMS/SERVICES PAID FOR UNDER FEDERAL HEALTH CARE PROGRAM (REF. 42 CFR 1001.952(h))

Please note new Remit-To address

*WHEN PAYING BY CREDIT CARD A 3% CONVENIENCE FEE WILL BE ADDED

REMIT TO:

MERRY X-RAY CORPORATION
4909 MURPHY CANYON RD STE 120
SAN DIEGO, CA 92123
USA

PURCHASE ORDER 370562	INVOICE/FID 8800649944	INVOICE DATE 08/05/2020	ACCOUNT NO 1028992	CUSTOMER NAME COLLEGE OF DUPAGE
--------------------------	---------------------------	----------------------------	-----------------------	------------------------------------

BILLING REF: 90624877

ANY QUESTIONS REGARDING THIS INVOICE CALL :
866-326-1362

AMOUNT PAID

AMOUNT DUE

\$4,650.00