

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1545259  
Vendor Name: United States Cylinder Gas  
Invoice Number: 355138  
Invoice Date: 08/31/20  
PO Number: B0370559  
Check Number: E0081555  
Check Amount: \$ 28.80  
Check Date: 09/15/2020  
Department ID: 00258  
Reviewer Name: Colleen Gonzalez  
Voucher Number: V0643811  
Redaction Type: None  
Document Type: AP Invoice

Document Below

# RENTAL INVOICE

Medical Gas • Industrial Gas • Specialty Gas • Cryogenics • Welding Supplies

# USGas

United States Cylinder Gas

11618 South Mayfield  
Alsip, Illinois 60803  
Phone: (708) 389-1402  
Fax: (708) 389-1409

PLEASE REMIT TO:  
US GAS  
11618 South Mayfield  
Alsip, IL 60803

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COLLEGE OF DUPAGE  
425 FAWELL BLVD  
ATTN: COLLEEN GONZALEZ  
GLEN ELLYN, IL 60137

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COLLEGE OF DUPAGE  
425 FAWELL BLVD  
HEALTH SCIENCE BUILDING/2ND FLOOR  
GLEN ELLYN, IL 60137

| INVOICE NO. |      | CUSTOMER I.D. |  | PURCHASE ORDER NO. |      |      | DATE     |     |         | PAGE |      |        |
|-------------|------|---------------|--|--------------------|------|------|----------|-----|---------|------|------|--------|
| 355138      |      | COLLE1 0      |  | 356812             |      |      | 08/31/20 |     |         | 1    |      |        |
| INVOICE     | DATE | DESCRIPTION   |  |                    | BAL. | SHIP | RET'D    | END | CREDITS | DUE  | RATE | AMOUNT |

08/01 THRU END CYLINDER RENT 0 0 4

## COMPUTATIONS

COMPUTATIONS: CYLINDER RENT 4 0 0 4 0 4 7.200 28.80

**APPROVED**

**09/11/20 - DILYSS GALLYOT**

**INVOICE REVIEWED**

**OKAY TO PAY**

**COLLEEN GONZALEZ 09/09/20**

UNLESS OTHERWISE STATED, THE CYLINDERS ON  
THIS DOCUMENT ARE PROPERTY OF THE VENDOR

CYLINDER VALUE

480.00

TERMS: NET 30 DAYS FROM INVOICE DATE  
INVOICES NOT PAID IN ACCORDANCE WITH TERMS  
ARE SUBJECT TO A SERVICE CHARGE OF 2% PER  
MONTH, 24% PER YEAR.

SUB TOTAL

28.80

TAX EXEMPT

0.00

TOTAL DUE

28.80

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From: prolac@cod.edu  
Sent: Tue Sep 08 14:34:18 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: invoice to approve  
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Please route the attached to Dilyss Gallyot for approval; GL # 00258. Thank you! Colleen Prola-Gonzalez  
Program Support Specialist, Nursing and Health Sciences Division College of DuPage | 425 Fawell Blvd |  
Glen Ellyn, IL 60137 prolac@cod.edu | 630-942-2994 (ph) | 630-942-4222 (fax) -----Original Message-----  
From: dinuccip@cod.edu Sent: Tuesday, September 8, 2020 1:59 PM To: Gonzalez, Colleen Cc: Dinucci,  
Pamela Subject: Scanned from a Xerox Multifunction Device Please open the attached document. It was  
scanned and sent to you using a Xerox Multifunction Device. Attachment File Type: pdf, Multi-Page  
Multifunction Printer Location: HSC1209 Device Name: Printer-287

[attachment: USGas \$28.80 sent AP 9.8.20.pdf]