

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1545259  
Vendor Name: United States Cylinder Gas  
Invoice Number: 349805  
Invoice Date: 08/31/20  
PO Number:  
Check Number: E0081395  
Check Amount: \$ 86.40  
Check Date: 09/02/2020  
Department ID: 00258  
Reviewer Name: Colleen Gonzalez  
Voucher Number: V0640630  
Redaction Type: None  
Document Type: AP Invoice

Document Below

# RENTAL/LEASE INVOICE

# USGas

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

**United States Cylinder Gas**

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

PLEASE REMIT TO:

US Gas  
11618 S. 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
349805	COLLE1 0	356812	05/31/20	1

INVOICE	DATE	DESCRIPTION	BAL.	SHIP	RET'D	END	CREDITS	DUE	RATE	AMOUNT
R E C A P										
ENDING	05/31/20	"E" AIR, COMPRESSED	1	0	0	1				
		"E" OXYGEN, COMPRESS	3	0	0	3				
C O M P U T A T I O N S										
COMPUTATIONS:		CYLINDER RENT	4	0	0	4	0	4	7.200	28.80

**INVOICE REVIEWED**  
**OKAY TO PAY**  
**COLLEEN GONZALEZ 08/27/20**

**APPROVED**

**08/28/20 - DILYSS GALLYOT**

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

CYLINDER VALUE	480.00	A FINANCE CHARGE OF 2% PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 24% WILL BE APPLIED TO YOUR UNPAID PAST DUE BALANCE.	SUB-TOTAL	28.80
			TAX EXEMPT	0.00
			TOTAL DUE	28.80

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From: prolac@cod.edu  
Sent: Tue Aug 25 21:11:45 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Route invoices for approval  
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Good evening, Would you be able to route the attached invoices to Dilyss Gallyot for approval? GL 01-0-00258. 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: karic@uscylgas.com Sent: Tuesday, August 25, 2020 11:15 AM To: Gonzalez, Colleen Subject: RE: Account Statement: COLLEGE OF DUPAGE (COLLE1) All is good here ☐ Yes, of course please see them attached. Let me know if you have any questions. Have a great day, Kari -----Original Message----- From: Gonzalez, Colleen Sent: Tuesday, August 25, 2020 10:52 AM To: 'Kari' Subject: RE: Account Statement: COLLEGE OF DUPAGE (COLLE1) Good morning Kari! I hope you are doing well. Would you be able to email me the attached outstanding invoices for May, June, and July? We are still working remotely and not going on campus to receive mail regularly. Thank you so much! Are you able to email me the invoices? 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: Kari Sent: Tuesday, August 25, 2020 10:20 AM To: Gonzalez, Colleen Subject: Account Statement: COLLEGE OF DUPAGE (COLLE1) Good Morning :) Please see your current statement of account attached. If you need any invoices re-submitted or have any questions please let me know. We appreciate your business and prompt payment. Hope you are doing well and having a good week. Thank you, Kari US Gas 708-389-1402

[attachment: COLLE1R349805.pdf]  
[attachment: COLLE1R351627.pdf]  
[attachment: COLLE1R353385.pdf]

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1545259  
Vendor Name: United States Cylinder Gas  
Invoice Number: 351627  
Invoice Date: 06/30/20  
PO Number: B0370559  
Check Number: E0081395  
Check Amount: \$ 86.40  
Check Date: 09/02/2020  
Department ID: 00258  
Reviewer Name: Colleen Gonzalez  
Voucher Number: V0640631  
Redaction Type: None  
Document Type: AP Invoice

Document Below

# RENTAL/LEASE INVOICE

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**United States Cylinder Gas**

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

PLEASE REMIT TO:

US Gas  
11618 S. Mayfield  
Alsip, IL 60803

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COLLEGE OF DUPAGE  
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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
351627	COLLE1 0	356812	06/30/20	1

INVOICE	DATE	DESCRIPTION	BAL.	SHIP	RET'D	END	CREDITS	DUE	RATE	AMOUNT
R E C A P										
ENDING	06/30/20	"E" AIR, COMPRESSED	1	0	0	1				
		"E" OXYGEN, COMPRESS	3	0	0	3				
C O M P U T A T I O N S										
COMPUTATIONS:		CYLINDER RENT	4	0	0	4	0	4	7.200	28.80

**APPROVED**  
**08/28/20 - DILYSS GALLYOT**

**INVOICE REVIEWED**  
**OKAY TO PAY**

**COLLEEN GONZALEZ 08/27/20**

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CYLINDER VALUE	480.00	A FINANCE CHARGE OF 2% PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 24% WILL BE APPLIED TO YOUR UNPAID PAST DUE BALANCE.	TOTAL DUE	28.80
			TAX EXEMPT	0.00

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From: barriosi142@cod.edu  
Sent: Wed Aug 26 06:34:53 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Attached Document  
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Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1545259  
Vendor Name: United States Cylinder Gas  
Invoice Number: 353385  
Invoice Date: 07/31/20  
PO Number: B0370559  
Check Number: E0081395  
Check Amount: \$ 86.40  
Check Date: 09/02/2020  
Department ID: 00258  
Reviewer Name: Colleen Gonzalez  
Voucher Number: V0640633  
Redaction Type: None  
Document Type: AP Invoice

Document Below



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

INVOICE NO.	CUSTOMER I.D.	PURCHASE ORDER NO.	DATE	PAGE
353385	COLLE1 0	356812	07/31/20	1

INVOICE	DATE	DESCRIPTION	BAL.	SHIP	RET'D	END	CREDITS	DUE	RATE	AMOUNT
R E C A P										
ENDING	07/31/20	"E" AIR, COMPRESSED	1	0	0	1				
		"E" OXYGEN, COMPRESS	3	0	0	3				
C O M P U T A T I O N S										
COMPUTATIONS:		CYLINDER RENT	4	0	0	4	0	4	7.200	28.80

**APPROVED**  
**08/28/20 - DILYSS GALLYOT**

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**OKAY TO PAY**  
**COLLEEN GONZALEZ 08/27/20**

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CYLINDER VALUE 480.00

A FINANCE CHARGE OF 2% PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 24% WILL BE APPLIED TO YOUR UNPAID PAST DUE BALANCE.

SUB-TOTAL 28.80  
TAX EXEMPT 0.00  
TOTAL DUE 28.80



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From: barriosi142@cod.edu  
Sent: Wed Aug 26 06:35:21 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Attached Document  
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