

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1180319
Vendor Name: Labsource
Invoice Number: 006539196
Invoice Date: 10/27/20
PO Number: P0371454
Check Number: 0275737
Check Amount: \$ 1,426.08
Check Date: 01/12/2021
Department ID: 00145
Reviewer Name: Belinda Tijerina
Voucher Number: V0653174
Redaction Type: None
Document Type: AP Invoice

Document Below

From: AR@LABSOURCE.COM
Sent: Wed Oct 28 01:32:00 CDT 2020
To: invoicing@cod.edu
CC:
Subject: INVOICE:006539196

Please see the attached document

[attachment: IV006539196.PDF]

LABSOURCE, INC
 97400 Eagle Way
 Chicago, IL 60678-9740
 PH:800-545-8823 * FAX:630-343-1701 * FEIN#36-3631684

Billing Questions:AR@LABSOURCE.COM

BILLING INQUIRIES (800)545-8823

Page 1 of 1

ACCOUNT NUMBER 1001939154
 TERMS Net 30
 INVOICE NUMBER 006539196
 INVOICE DATE 10/27/2020
 DUE DATE 11/26/2020
 SHIP VIA UPS Ground
 P.O. NUMBER 371454

SALES ORDER 7269940

FOB SHIPPING POINT F.O.B. Shipping Point

Sold To:
 College of DuPage
 ACCOUNTS PAYABLE
 425 FAWELL BLVD
 ACCOUNTS PAYABLE, SRC2049
 EMAIL INVOICE
 GLEN ELLYN IL 60137

APPROVED

12/10/20 - JENNIFER CUMPTON

Ship To:
 COLLEGE OF DUPAGE SHIPPING & R
 FARREL SUMMERS
 425 FAWELL BLVD
 GLEN ELLYN IL 60137-6599

ITEM	ITEM DESCRIPTION	WH	ORD	SHP	BO	UOM	PRICE	TOTAL
N291	Glove, Nitrile Exam,, PF, S, 100/pk10pk/cs	LS1	3	3		CS/10PK	195.16	585.48
N292	Glove, Nitrile Exam,, PF, M, 100/pk10pk/cs	LS1	6	1	5	CS/10PK	195.16	195.16
N294	Glove, Nitrile Exam,, PF, XL, 100/pk10pk/cs	LS1	3	3		CS/10PK	195.16	585.48

Tracking: 1Z22E4360396420135, 1Z22E4360398298542, 1Z22E4360399
 518356, 1Z22E4360399435561, 1Z22E4360399646173, 1Z22E4360398586
 187, 1Z22E4360394201634

Subtotal: 1,366.12
 Shipping & Handling: 59.96
 Tax: 0.00
 Credit/Prepayments: 0.00
 Amount Due: 1,426.08

INVOICE DATE 10/27/2020

DUE DATE 11/26/2020

ACCOUNT NUMBER 1001939154

AMOUNT DUE 1,426.08

INVOICE NUMBER 006539196

Bill To:
 College of DuPage
 ACCOUNTS PAYABLE
 425 FAWELL BLVD
 ACCOUNTS PAYABLE, SRC2049
 EMAIL INVOICE
 GLEN ELLYN IL 60137

Payable To:
 LABSOURCE, INC
 97400 Eagle Way
 Chicago, IL 60678-9740
 PH:800-545-8823 * FAX:630-343-1701 * FEIN#36-3631684

Billing Questions:AR@LABSOURCE.COM

INVOICE REVIEWED
OKAY TO PAY