

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087629
Vendor Name: Pocket Nurse
Invoice Number: 1182590-1
Invoice Date: 12/23/20
PO Number: P0371544
Check Number: E0082867
Check Amount: \$ 2,655.58
Check Date: 01/12/2021
Department ID: 00225
Reviewer Name: Adrianna Costello
Voucher Number: V0657471
Redaction Type: None
Document Type: AP Invoice

Document Below

From: lherskovitz@pocketnurse.com <lherskovitz@pocketnurse.com >
Sent: Wed Dec 23 08:20:02 CST 2020
To: invoicing@cod.edu
CC:
Subject: Invoice 1182590 for 011855 College Of Dupage

See the Following attached Files:

01182590-001

Please contact accounting@pocketnurse.com for billing questions or copies of invoices. You may also call us at 1-800-225-1600, option 3.

For questions regarding your order, please contact our customer service department at cs@pocketnurse.com or 1-800-225-1600, option 1.

THE INFORMATION CONTAINED IN THIS EMAIL MESSAGE IS INTENDED ONLY FOR THE PROFESSIONAL AND CONFIDENTIAL USE OF THE INTENDED RECIPIENT(S). This email message and/or any attachments thereto may be confidential, legally privileged, and/or exempt from disclosure under applicable law. If the reader of this message is not an intended recipient, you are hereby notified that any review, use, disclosure, dissemination, forwarding or copying of this email message and/or attachments or taking of any action in reliance on the contents therein is strictly prohibited. Please notify Pocket Nurse immediately by reply email or telephone 724-480-3777, and delete the original message and all attachments from your system. Thank you.

[attachment: e00029810-lherskovitz.pdf]



Invoice

Bill to: College Of Dupage
425 Fawell Blvd
Glen Ellyn, IL 60137

Phone: (630) 942-2229
Ship to: College Of Dupage
425 FAWELL BLVD
Shipping & Receiving
GLEN ELLYN, IL 60137

Phone: (630) 942-2813
Attn: Janelle Walker

3 WAY MATCH

Invoice Number : 1182590-1

Customer# : 011855

Invoice Date : 12/23/2020

Due Date : 01/22/2021

Ordered By : A.Dando

Entered By : Michelle Melendez

Account Manager : Terry Kitchen

Terms : NET 30

Shipping Method : Ground

Ship Acct# :

Customer PO : 371544

Remit To: Pocket Nurse

P.O Box 644898

Pittsburgh, PA 15264-4898

Tax ID : 25-1763055

All checks must reference invoice number
to be processed in a timely manner.

Customer/Order Instructions

LIFT GATE DELIVERY
Janelle Walker
walkerj386@cod.edu
(630) 942-2569
371544
closed 12/24-1/4

Line	Order	Ship	B/O	U/M	Item #	Description	Price	Per	Extension
0001	1	1	0	EA	04-25-4438	Cart Medication with 30 Bins 1 Drawer	2,458.87	EA	2458.87

Transportation charges on shipments from Pocket Nurse cover dock-to-dock or dock-to-curb deliveries. Please read our complete Shipping Disclaimer in the Terms and Conditions. If additional shipping charges are incurred by Pocket Nurse due to customer requests or refusal of shipment charges will revert to the customer. Accessorial charges may include, but are not limited to; change of address, residential delivery, inside delivery, stair charges, redelivery, and storage.

SubTotal 2,458.87

Shipping & Handling - Percent 196.71

Customer Service - cs@pocketnurse.com or 1.800.225.1600, option 1.
Billing - accounting@pocketnurse.com or 1.800.225.1600, option 3.

Total 2,655.58

