

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1545259
Vendor Name: United States Cylinder Gas
Invoice Number: 358701
Invoice Date: 10/31/20
PO Number: B0370559
Check Number: E0083035
Check Amount: \$ 57.60
Check Date: 01/20/2021
Department ID: 00258
Reviewer Name: Colleen Gonzalez
Voucher Number: V0658091
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
358701	COLLE1 0	356812	10/31/20	1

INVOICE	DATE	DESCRIPTION	BAL.	SHIP	RET'D	END	CREDITS	DUE	RATE	AMOUNT
10/01 THRU END		CYLINDER RENT		0	0	4				
----- 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

PO# 370559
01-10-00258

APPROVED
01/12/21 - DILYSS GALLYOT
INVOICE REVIEWED
OKAY TO PAY
COLLEEN GONZALEZ 01/12/21

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

From: Gonzalez, Colleen <prolac@cod.edu>
Sent: Tue Jan 12 12:02:39 CST 2021
To: invoicing@cod.edu
CC:
Subject: Route invoice for approval

Good morning,

Please route the attached invoice 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)

[attachment: USGAS \$28.80 sent AP 1.12.21.pdf]

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1545259
Vendor Name: United States Cylinder Gas
Invoice Number: 362338
Invoice Date: 12/31/20
PO Number: B0370559
Check Number: E0083035
Check Amount: \$ 57.60
Check Date: 01/20/2021
Department ID: 00258
Reviewer Name: Colleen Gonzalez
Voucher Number: V0658103
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
362338	COLLE1 0	356812	12/31/20	1

INVOICE	DATE	DESCRIPTION	BAL.	SHIP	RET'D	END	CREDITS	DUE	RATE	AMOUNT
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12/01 THRU END CYLINDER RENT

0 0 4

----- 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

PO# 370559
GL# 01-10-00258

APPROVED

01/12/21 - DILYSS GALLYOT

INVOICE REVIEWED

OKAY TO PAY

COLLEEN GONZALEZ 01/12/21

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
TAX EXEMPT

28.80

0.00

TOTAL DUE

28.80

From: Gonzalez, Colleen <prolac@cod.edu>
Sent: Tue Jan 12 13:47:33 CST 2021
To: invoicing@cod.edu
CC:
Subject: Route invoice for approval

Good afternoon,
Please route the attached invoice to Dilyss Gallyot for approval, GL# 01-10-00258.

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)

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