

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1356681
Vendor Name: Healthcare Waste Management, I
Invoice Number: 53378
Invoice Date: 03/25/21
PO Number:
Check Number: 0279108
Check Amount: \$ 272.00
Check Date: 04/13/2021
Department ID: 00761
Reviewer Name: None
Voucher Number: V0671824
Redaction Type: None
Document Type: AP Invoice

Document Below

From: Zerrudo, Maria <zerrudom@cod.edu>
Sent: Wed Apr 07 12:56:43 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Attached Image

[attachment: 0249_001.pdf]



PO BOX 1218 • FRANKFORT, IL 60423

888.427.5797 • email: service@hwmusa.com

Due Date	Invoice Date	Invoice #	Account #
4/9/2021	3/25/2021	53378	IL-2293

Balance Due

\$272.00

Bill To:

College of DuPage
Attn: Accounts Payable
425 Fawell Blvd
Glen Ellyn, IL 60137-6599

Customer
Total Balance

\$272.00

APPROVED 04/08/21 PHIL GIESCHEN GL#01-80-00761-5707001

☐ Please check box if address, phone or email is incorrect or has changed, and indicate change(s) on reverse side.

invoicing@cod.edu

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT.

Service Location:

P.O. #

College of DuPage
425 Fawell Blvd
Glen Ellyn, IL 60137-6599

Due Date	Invoice Date	Invoice #	Account #
4/9/2021	3/25/2021	53378	IL-2293

Date	Description	Quantity	Amount
3/16/2021	Scheduled Medical Waste Service - 31 Drums	1	95.06
	Additional Containers - Overage from period allowance	3	176.94

**Did you know we also provide services to
remove and destroy documents, hard drives
and digital media? Call us today!**

Invoice Total	\$272.00
Payments / Credits	\$0.00
Balance Due Total	\$272.00



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Illinois Environmental Protection Agency

IL-2293



This Agency is authorized to require this information under the Illinois Environmental Protection Act, Ill. Rev. Stat., 1989, ch. 111 1/2, pars. 1001 et. seq. ("Act") Section 4 and Public Act 87-752, amending the Act effective January 1, 1992. Disclosure of this information is required. Failure to do so may result in a civil penalty according to Section 42(a) of the Act and a criminal penalty according to Section 44(a) of the Act. This form has been approved by the Forms Management Center.

Illinois Potentially Infectious Medical Waste Manifest

M 20209316

1. **HAULER NAME AND ADDRESS:** HWM • PO Box 1218 8.111.T
 2. PHONE (888) 427 - 5797 Frankfort, IL 60423
 3. PIMW HAULING PERMIT 9058
 4. LICENSE PLATE 312720 STATE IL

5. NAME Tommy Childers SIGNATURE [Signature] DATE 03 / 16 / 2021
 (PRINT/TYPE)

6. NUMBER OF CONTAINERS 4 7. TOTAL NET WEIGHT 62 (LBS) 4' (CU. FT.)
 8. FEE DUE: LBS x \$.03 = _____ 9. Acknowledgement of Fee (Signature) [Signature] TC

Contact: Trisha Sowtze College of DuPage
 10. **GENERATOR NAME AND ADDRESS:** 425 Fawell Blvd
 11. PHONE () 630.942.2589 Glen Ellyn, IL 60137-6599
 12. TYPE OF WASTE: ☐ INFECTIOUS SUBSTANCE, AFFECTING HUMANS 6.2 UN2814
☐ INFECTIOUS SUBSTANCE, AFFECTING ANIMALS 6.2 UN2900
☒ REGULATED MEDICAL WASTE, N.O.S., 6.2, UN3291, PGII

Hours: (M-F) 8-430 Email on File: Sowatz@cod.edu
 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

13. NAME Patricia A Sowatzke on Behalf of COD SIGNATURE [Signature] DATE 03 / 16 / 2021
 (PRINT/TYPE)

14. **DESIGNATED FACILITY NAME AND ADDRESS:** HWM
 15. PHONE (888) 427 - 5797 6602 W 9th Ave
 16. IL FACILITY ID NO. _____ Gary, IN 46406

Christine Froglia Sarah Wojnarowski SIGNATURE [Signature] DATE 3.17 / 2021
 17. NAME (PRINT/TYPE)

18. **ALTERNATE FACILITY NAME AND ADDRESS:** HWM
 19. PHONE (888) 427 - 5797 8550 Development Ct
 20. IL FACILITY ID NO. _____ Wausau, WI 54401

21. NAME (PRINT/TYPE) SIGNATURE DATE

22. ADDITIONAL INFORMATION: Delivered 4 Picked Up 9 31 DRUMS
 Delivered _____ Picked Up _____
 Delivered _____ Picked Up _____

23. DISCREPANCIES/CONTINUATION INFORMATION:

Supplies Delivered: _____ Supplies Delivered: _____

Supplies Delivered: _____

NOTES: Closed on Fridays during the summer

Emergency Telephone: 800.424.9300 Customer # 17800
 In case of a spill, call Illinois Emergency Management Agency (IEMA) at 800/782-7860
 and the National Response Center at 800/424-8802 or 202/426-2675.

Printed by Authority of
 the State of Illinois
 IISG08-52

COPY 1 - DESIGNATED FACILITY MAIL TO GENERATOR