

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1583962
Vendor Name: Lester and Rosalie Anixter Cen
Invoice Number: C71648-A
Invoice Date: 11/01/19
PO Number:
Check Number: 0279147
Check Amount: \$ 6.00
Check Date: 04/13/2021
Department ID: 00469
Reviewer Name: Tonia Metoyer
Voucher Number: V0640649
Redaction Type: None
Document Type: AP Invoice

Document Below

From: AR@anixter.org
Sent: Wed Aug 26 11:38:19 CDT 2020
To: invoicing@cod.edu
CC: cruseb199@cod.edu
Subject: Credit Invoice -

APPROVED

08/27/20 - SAMANTHA SALVATO

Per your request, attached is a credit invoice for your records

If you need further assistance, please let us know.

Thank you,
Christina Cuevas
773-977-1247



Christina Cuevas | Chicago Hearing Society
Chicago Hearing Society, a Division of Anixter Center
1444 W Willow St. | Chicago, Illinois 60642
www.AR@Anixter.org

'CONFIDENTIALITY NOTICE: This transmission and any documents accompanying this transmission may contain personal information subject to such privacy regulations as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and by Federal confidentiality rules (42 CFR Part 2). This information is intended only for the use of the authorized individual named above. Such authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosures, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the destruction of these documents. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. Thank you for your cooperation.'



INVOICE

Chicago Hearing Society

INVOICE #: C71648-A

DATE: 11/01/2019

DUE DATE:

PO BOX 60550
CHICAGO, IL 60660-0481
Phone Fax
info@anixter.org

TOTAL AMOUNT: \$-232.00

TOTAL DUE: \$-232.00

BILL TO: COLLEGE of DuPAGE
425 FAWELL BLVD
GLEN ELLYN, IL; 60137-6599

DESCRIPTION / MEMO	AMOUNT
ADJ C71648 TO ACTUAL	\$-232.00
TOTAL AMOUNT:	\$-232.00

ANIXTER CENTER
PO BOX 60550
CHICAGO, IL 60660-0481
Phone Fax
info@anixter.org

TOTAL DUE: \$-232.00

AMOUNT ENCLOSED:

Customer ID - Name: ISCOD2217 - COLLEGE of DuPAGE
Invoice #: C71648-A

BILL TO: COLLEGE of DuPAGE
425 FAWELL BLVD
GLEN ELLYN, IL; 60137-6599

REMIT TO: ANIXTER CENTER
PO BOX 60550
CHICAGO, IL 60660-0481

Invoice Date: 11/01/2019 Terms: Due Date: Customer ID: ISCOD2217

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1583962
Vendor Name: Lester and Rosalie Anixter Cen
Invoice Number: C71651-A
Invoice Date: 11/01/19
PO Number:
Check Number: 0279147
Check Amount: \$ 6.00
Check Date: 04/13/2021
Department ID: 00469
Reviewer Name: Tonia Metoyer
Voucher Number: V0640651
Redaction Type: None
Document Type: AP Invoice

Document Below

From: AR@anixter.org
Sent: Wed Aug 26 11:48:27 CDT 2020
To: invoicing@cod.edu
CC: cruseb199@cod.edu
Subject: C71651 CREDIT a.pdf

APPROVED

08/27/20 - SAMANTHA SALVATO

Thank you,
Christina Cuevas
773-977-1247



Christina Cuevas | Chicago Hearing Society
Chicago Hearing Society, a Division of Anixter Center
1444 W Willow St. | Chicago, Illinois 60642
www.AR@Anixter.org

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INVOICE

Chicago Hearing Society

INVOICE #: C71651-A

DATE: 11/01/2019

DUE DATE:

PO BOX 60550
CHICAGO, IL 60660-0481
Phone Fax
info@anixter.org

TOTAL AMOUNT: \$-290.00

TOTAL DUE: \$-290.00

BILL TO: COLLEGE of DuPAGE
425 FAWELL BLVD
GLEN ELLYN, IL; 60137-6599

DESCRIPTION / MEMO	AMOUNT
ADJ C71651 TO ACTUAL	\$-290.00
TOTAL AMOUNT:	\$-290.00

Chicago Hearing Society
PO BOX 60550
CHICAGO, IL 60660-0481
Phone Fax
info@anixter.org

TOTAL DUE: \$-232.00

AMOUNT ENCLOSED:

Customer ID - Name: ISCOD2217 - COLLEGE of DuPAGE
Invoice #: C71648-A

BILL TO: COLLEGE of DuPAGE
425 FAWELL BLVD
GLEN ELLYN, IL; 60137-6599

REMIT TO: ANIXTER CENTER
PO BOX 60550
CHICAGO, IL 60660-0481

Invoice Date: 11/01/2019 Terms: Due Date: Customer ID: ISCOD2217

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1583962
Vendor Name: Lester and Rosalie Anixter Cen
Invoice Number: C77140
Invoice Date: 10/14/20
PO Number:
Check Number: 0279147
Check Amount: \$ 6.00
Check Date: 04/13/2021
Department ID: 00469
Reviewer Name: Tonia Metoyer
Voucher Number: V0657720
Redaction Type: None
Document Type: AP Invoice

Document Below

From: Cruse, Bethany <cruseb199@cod.edu>
Sent: Tue Jan 05 14:42:35 CST 2021
To: invoicing@cod.edu
CC:
Subject: FW: Invoice for 10/2

APPROVED
01/26/21 - SAMANTHA SALVATO

From: Ebersold, Sheryl <ebersold@cod.edu>
Sent: Tuesday, January 5, 2021 2:09 PM
To: Salvato, Samantha <salvatos24@cod.edu>; Cruse, Bethany <cruseb199@cod.edu>
Subject: Invoice for 10/2

Here is the invoice let me know if you need anything else.

--Sheryl Ebersold

[attachment: COD 77140.pdf]

CHICAGO HEARING SOCIETY
1444 West Willow Street
Chicago, IL 60642
chsinterp@anixter.org
773-248-9121 x316

CHS

INVOICE

BILL TO:
425 Fawell Boulevard
Glen Ellyn, IL 60137-6599

Contact: College of DuPage
Phone: 630.942.2217
Fax: 630.942.3750
Email: invoicing@cod.edu

LOCATION OF SERVICE:
425 Fawell Boulevard
Glen Ellyn, IL 60137-6599

Contact: College of DuPage
Phone: 630.942-2217
Fax: 630.942.3750
Mobile: 1 Invoice
Email: ebersold@cod.edu

CUSTOMER	CUSTOMER #	JOB #	1	INVOICE #	INV DATE
College of DuPage	ISCOD2217	1081543	1	C77140	10/14/2020

CLIENT(S)	ORDER REFERENCE #	REQUESTER
Dylan Wagner	366406	Sheryl Ebersold, 708-307-0307, ebersold@cod.edu

SERV DATE	UNIT	HOURS	INTERPRETER	DESCRIPTION	RATE	AMOUNT
10/2/2020	4.00	9:00A - 1:00P	Peter Wujcik	VRI Standard Rate	58.00	232.00

AMOUNT DUE: \$232.00

Service Details: VRI - CDI/Staff ASL - JOB: DC will attend the COACH program which is for students with developmental disabilities on 10/2 9a-1p ONSITE CONTACT: Sheryl Ebersold, 708-307-0307 LOCATION: VRI
<https://cod.zoom.us/j/92145295887?pwd=VnAxMURJWFYxUHRSVksZRIA2dDhqUT09>

To pay an invoice online, please visit: www.ChicagoHearingSociety.org.
Thank You for your business!

Billing Contact
Phone: 773-248-9121 x316 Fax: 773-248-9173
Email: chsinterp@anixter.org

Please mail check to: CHS, 1444 West Willow Street Chicago, IL 60642

Net 30 - DUNS# 068475623 - FEIN# 36-2244895

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1583962

Vendor Name: Lester and Rosalie Anixter Cen

Invoice Number: C78821

Invoice Date: 02/26/21

PO Number:

Check Number: 0279147

Check Amount: \$ 6.00

Check Date: 04/13/2021

Department ID: 00469

Reviewer Name: Tonia Metoyer

Voucher Number: V0664186

Redaction Type: None

Document Type: AP Invoice

Document Below

From: Accounts Receivable <AR@anixter.org>
Sent: Fri Mar 05 15:45:52 CST 2021
To: invoicing@cod.edu
CC:
Subject: [External] FEBRUARY 2021 INVOICE

APPROVED

03/19/21 - SAMANTHA SALVATO

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Attached please find your **February 2021** invoice(s) from the Chicago Hearing Society.

We thank you for choosing the Chicago Hearing Society and deeply appreciate your business. Should you discover a reason that our invoice(s) cannot be processed for payment, please contact **AR@Anixter.org**.

Please note that the remittance address is Chicago Hearing Society, 1444 W. Willow St, Chicago, Illinois, 60642. You also have the option to pay, via credit card at www.Chicagohearingssociety.org, pay an invoice, located on top of web page. As a friendly reminder our payment terms are Net 30 unless other arrangements have been made.

In an effort to build a collaborative relationship between the Chicago Hearing Society and your organization, please review all of the identifying information presented to ensure that it is both current and complete. Should there be a need for any changes, please feel free to e-mail these changes to **AR@Anixter.org** so that our records can be updated accordingly. Your time and attention given to this matter is deeply appreciated.

Thank you for taking the time to complete this survey:

<https://www.surveymonkey.com/r/MV7LS33>

In an effort to better serve our customers, we deeply appreciate you taking time to complete our satisfaction survey which is contained on the link above. Thank you for sharing your valuable time, honest information and thoughtful suggestions.

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Providing communication access; hearing and assistive technologies; and support services for persons who are Deaf, DeafBlind and Hard of Hearing.

Thank you,
Christina Cuevas

CHICAGO HEARING SOCIETY
1444 West Willow Street
Chicago, IL 60642
chsinterp@anixter.org
773-248-9121 x316



INVOICE

BILL TO:
 425 Fawell Boulevard
 Glen Ellyn, IL 60137-6599

LOCATION OF SERVICE:
 425 Fawell Boulevard
 Glen Ellyn, IL 60137-6599

Contact: College of DuPage
Phone: 630.942.2217
Fax: 630.942.3750
Email: invoicing@cod.edu

Contact: College of DuPage
Phone: 630.942.2217
Fax: 630.942.3750
Mobile: 1 Invoice
Email: ebersold@cod.edu

CUSTOMER	CUSTOMER #	JOB #	1	INVOICE #	INV DATE
College of DuPage	ISCOD2217	1082971	1	C78821	2/26/2021

CLIENT(S)	ORDER REFERENCE #	REQUESTER
Corey Axelrod	366406	Sheryl Ebersold, 708-307-0307, ebersold@cod.edu

SERV DATE	UNIT	HOURS	INTERPRETER	DESCRIPTION	RATE	AMOUNT
2/18/2021	2.00	5:00P - 7:00P	Paula Blumberg	Video Remote Standard Rate FY21	64.00	128.00
2/18/2021	2.00	5:00P - 7:00P	Paula Blumberg	Premium - Recording/Live Streamed Rate FY21	10.00	20.00
2/18/2021	2.00	5:00P - 7:00P	Elsie Liechty-INTERN	Do not Billable to Customer FY21	0.00	0.00
2/18/2021	2.00	5:00P - 7:00P	LJ Myers	Premium - Recording/Live Streamed Rate FY21	10.00	20.00
2/18/2021	2.00	5:00P - 7:00P	LJ Myers	Video Remote Standard Rate FY21	64.00	128.00

AMOUNT DUE: \$296.00

Service Details: VRI - Teamed - JOB: Zoom workshop "Why Accessibility Matters, Moving Beyond Accommodations.", presenter is deaf, on 2/18 5-7p ONSITE CONTACT: Sheryl Ebersold, 708-307-0307 LOCATION: Zoom THIS IS PRIMARILY voicing. It is a workshop open to all COD faculty and staff. let me know if you want more info and I can reach out to presenter. Team: Paula Blumberg & Donna Brandwein Elsie Liechty -Intern will observe. Approved OK Link: Join Zoom Meeting <https://cod.zoom.us/j/89379702916?pwd=NzVIRnBRRW5BUWFhMXJ3ZEIXZXVXZz09> Meeting ID: 893 7970 2916 Passcode: 534358

To pay an invoice online, please visit: www.ChicagoHearingSociety.org.
 Thank You for your business!

Billing Contact
Phone: 773-248-9121 x316 **Fax:** 773-248-9173
Email: chsinterp@anixter.org

Please mail check to: CHS, 1444 West Willow Street Chicago, IL 60642

Net 30 - DUNS# 068475623 - FEIN# 36-2244895



1444 West Willow
Chicago, IL 60642
AR@Anixter.org

Date	2/28/2021
Invoice #	DuPage 02/2021
PO #	366406

Cust # ISCOD2217
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137-6599
(630) 942-2217
Invoicing@COD.EDU

Make all checks payable to Chicago Hearing Society. You also have the option to pay via credit card at Chicagohearingssociety.org, pay an invoice

Balance due	\$ 296.00
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Thank you for your business!