

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1442457

Vendor Name: Trugreen L.P.

Invoice Number: 139249997

Invoice Date: 05/24/21

PO Number:

Check Number: E0085056

Check Amount: \$ 7,187.78

Check Date: 06/08/2021

Department ID: 00713

Reviewer Name: Kathy Striplin

Voucher Number: V0684258

Redaction Type: None

Document Type: AP Invoice

Document Below



1790 KIRBY PKWY STE 300 MEMPHIS TN 38138
 7534 0410 NO RP 25 05252021 YNNNNNNN 0001208 S1 T3
 1208 1 MB 0.447

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COLLEGE OF DUPAGE
 VALERIE MECHELLE
 425 FAWELL BLVD
 GLEN ELLYN IL 60137-6708



Invoice

Customer Number: 7002580541
Due Date: 06/07/21
Total Due: \$7,187.78

Your TruGreen® Invoice



Pay by phone
 (630) 231-8770



Questions
 (630) 231-8770

This invoice reflects payments received by 05/24/21. If payment has already been sent, please disregard.

Service Date	Description of Services & Service Address	Invoice Number	Charges	Payments/Credits	Total Due
05/24/21	Lawn Service PO#: 00713 Work Order 5411977189 Location: MAIN CAMPUS 425 FAWELL BLVD, GLEN ELLYN IL 60137	139249997	\$7,187.78		\$7,187.78

APPROVED
06/07/21 - DIRK HEID



INVOICE REVIEWED

Due Date: 06/07/2021

OKAY TO PAY

KATHY STRIPLIN 06/03/21

\$ Total Due: \$7,187.78



Customer Number: 7002580541
Branch Number: 5806

COLLEGE OF DUPAGE
 VALERIE MECHELLE
 425 FAWELL BLVD
 GLEN ELLYN IL 60137

Mail to:

TRUGREEN PROCESSING CENTER
 PO BOX 9001033
 LOUISVILLE KY 40290-1033

Due Date	Total Due	Amount Paid	Check #
06/07/2021	\$7,187.78		

\$ Payment Options:

- Pay by phone at (630) 231-8770
- Pay by enclosed check (See back of invoice for details)
- Credit card payment (Please fill out the following):

Check One: ☐ DISCOVER ☐ VISA ☐ MasterCard ☐ AMERICAN EXPRESS ☐ Gift Card

Credit Card #: (____ - ____ - ____ - ____)

Exp. date: ____ / ____

Name (as it appears on credit card): _____

Authorized Signature: _____

REQUIRED

1 00005806 20 070025805410 00000000001392499972 0071877800718778 6

*** Cancellation Policy**

Your program will continue, year after year, until you or we cancel. To cancel just call your local branch at the telephone number shown on the front side of this letter. You may cancel your program at any time. Be sure to request and receive a cancellation number.

CHECK PROCESSING POLICY

ACH: WHEN YOU PROVIDE A CHECK AS PAYMENT, YOU AUTHORIZE US EITHER TO USE INFORMATION FROM YOUR CHECK TO MAKE A ONE-TIME ELECTRONIC FUND TRANSFER FROM YOUR ACCOUNT OR TO PROCESS THE PAYMENT AS A CHECK TRANSACTION. IF WE USE INFORMATION FROM YOUR CHECK TO MAKE AN ELECTRONIC FUND TRANSFER, FUNDS MAY BE WITHDRAWN FROM YOUR ACCOUNT AS SOON AS THE SAME DAY WE RECEIVE YOUR PAYMENT, AND YOU WILL NOT RECEIVE YOUR CHECK BACK FROM YOUR FINANCIAL INSTITUTION. **RETURNS:** IN THE EVENT THAT YOUR PAYMENT IS RETURNED UNPAID, YOU AUTHORIZE US THE OPTION TO COLLECT A FEE AS ALLOWED BY LAW THROUGH AN ELECTRONIC FUND TRANSFER FROM YOUR ACCOUNT. For any checks returned for insufficient funds, we will charge you a \$20.00 fee.

From: Sparks, Kristina <KristinaSparks@trugreenmail.com >
Sent: Wed Jun 02 15:28:27 CDT 2021
To: invoicing@cod.edu
CC:
Subject: [External] TruGreen invoice for College of Dupage

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.

Hello,

Attached is the invoice for services completed on 5/24.

Thank you,

Kristina Sparks

Commercial Account Specialist
1075 Carolina Dr.
West Chicago, IL 60185
630-231-8770 option #3 Phone
kristinasparks@trugreenmail.com



Please let us know how we are doing!

2 Question Survey Link: Branch #5806 <https://feedback.listen360.com/en/1329081940778685441/portal>

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[attachment: College of Dupage - Invoice # 139249997.pdf]