

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1596869  
Vendor Name: Merry X-Ray Chemical Corp  
Invoice Number: 8800787309  
Invoice Date: 07/21/21  
PO Number: B0000211  
Check Number: 0283867  
Check Amount: \$ 4,950.00  
Check Date: 08/17/2021  
Department ID: 00253  
Reviewer Name: Jessica Lang  
Voucher Number: V0692772  
Redaction Type: None  
Document Type: AP Invoice

Document Below

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From: Zerrudo, Maria <zerrudom@cod.edu>  
Sent: Tue Jul 27 10:44:23 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: Attached Image  
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[attachment: 1214\_001.pdf]



# INVOICE



THE  
IMAGING  
SOLUTIONS COMPANY

PURCHASE ORDER			INVOICE/FID	INVOICE DATE	ACCOUNT NO
B0000211			8800787309	07/21/2021	1028992
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TERMS		DUE DATE
109	01/16/2020	20	Net 30 Days		08/20/2021

SOLD TO:1028992  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137  
USA

**BILL TO:**  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137  
USA

**SHIP TO:**1028992  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137  
USA

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	EXTENDED AMT																																
1	1 YR	MAIN_ENT_PM	PREVENTIVE MAINTENANCE CONTRACT  Contract: 40024509 Period: 07/01/2021 to 06/30/2022  <table><thead><tr><th>#</th><th>Equipment #</th><th>Model</th><th>SN#</th></tr></thead><tbody><tr><td>1</td><td>900017693</td><td>OPTIMAX</td><td>117040-13061917</td></tr><tr><td>2</td><td>900017694</td><td>AMX-4</td><td>46-270954G2</td></tr><tr><td>3</td><td>900017695</td><td>S-210</td><td>D800-003</td></tr><tr><td>4</td><td>900017696</td><td>S-210</td><td>NR005-216</td></tr><tr><td>5</td><td>900017697</td><td>DR PANEL</td><td>KV07091156045</td></tr><tr><td>6</td><td>900017699</td><td>DR PANEL</td><td>KV07091066018</td></tr><tr><td>7</td><td>900017700</td><td>DR PANEL</td><td>KV0704B184205</td></tr></tbody></table>	#	Equipment #	Model	SN#	1	900017693	OPTIMAX	117040-13061917	2	900017694	AMX-4	46-270954G2	3	900017695	S-210	D800-003	4	900017696	S-210	NR005-216	5	900017697	DR PANEL	KV07091156045	6	900017699	DR PANEL	KV07091066018	7	900017700	DR PANEL	KV0704B184205	\$4,950.00
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<div>INVOICE REVIEWED</div> <div>OKAY TO PAY</div> <div>JESSICA LANG 07/27/21</div>				<div>SubTotal: \$4,950.00</div> <div>Tax: \$0.00</div> <div>Total: \$4,950.00</div>																																

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE CHARGED FROM THE DATE OF THE INVOICE ON ALL ACCOUNTS NOT PAID WHEN DUE

PAGE: 1 OF 1

WE HEREBY CERTIFY THAT THESE GOODS WERE DEFECTIVE OR NOT COMPLYING WITH THE FACTORY STANDARD. THIS AMENDED, KIND OF REGULATIONS THERE UNDER. SUCH GOODS MAY OR MAY NOT CONTAIN REMANUFACTURED OR REPAIRED PARTS. NO WARRANTY IS GIVEN FOR PRIOR USE, WHICH CONFIRM TO NEW COMPONENT AND SYSTEM PERFORMANCE SPECIFICATIONS. ALL RETURNED GOODS MUST BE AUTHORIZED BY MXR IMAGING, INC., PRIOR TO THEIR RETURN. ALL RETURNS OF MERCHANDISE SHIPPED CORRECTLY ARE SUBJECT TO A RESTOCKING CHARGE. ALL REQUESTS FOR PROOF OF DELIVERY MUST BE SUBMITTED WITHIN 30 DAYS OF INVOICE DATE.

**JARED P DEANE**

REQUIRE THIS POSITION VOUCHER FOR CREDIT

\*NOTICE: YOU MAY BE REQUIRED TO REPORT DISCOUNTS ON ITEMS/SERVICES PAID FOR UNDER FEDERAL HEALTH CARE PROGRAM (REF. 42 CFR 1001.952(h))

\*\*Please note new Remit-To address\*\*

\*WHEN PAYING BY CREDIT CARD A 3% CONVENIENCE FEE WILL BE ADDED

**REMIT TO:**

**MXR IMAGING, INC.**  
4909 MURPHY CANYON RD STE 120  
SAN DIEGO, CA 92123 USA

PURCHASE ORDER	INVOICE/FID	INVOICE DATE	ACCOUNT NO	CUSTOMER NAME
B0000211	8800787309	07/21/2021	1028992	COLLEGE OF DUPAGE

BILLING REF: 90755305

ANY QUESTIONS REGARDING THIS INVOICE CALL:  
866-326-1362 Ext 347

AMOUNT PAID

AMOUNT DUE

\$4,950.00