

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087629  
Vendor Name: Pocket Nurse  
Invoice Number: 1225042-1  
Invoice Date: 08/18/21  
PO Number: P0000334  
Check Number: E0086078  
Check Amount: \$ 532.55  
Check Date: 08/25/2021  
Department ID: 00257  
Reviewer Name: Jessica Lang  
Voucher Number: V0694381  
Redaction Type: None  
Document Type: AP Invoice

Document Below

# Invoice

Bill to: College Of Dupage  
 425 Fawell Blvd  
 Glen Ellyn, IL 60137

Phone: (630) 942-2229  
 Ship to: College of DuPage

425 Fawell Blvd  
 Glen Ellyn, IL 60137

Phone: (630) 942-2576  
 Attn: Barb Coe, HSC 1220

Invoice Number : 1225042-1

Customer# : 011855

Invoice Date : 08/18/2021

Due Date : 09/17/2021

Ordered By : J. Towne

Entered By : Michelle Melendez

Account Manager : Terry Kitchen

Terms : NET 30

Shipping Method : Ground

Ship Acct# :

Customer PO : P0000334

Remit To: Pocket Nurse

P.O Box 644898

Pittsburgh, PA 15264-4898

Tax ID : 25-1763055

All checks must reference invoice number to be processed in a timely manner.

## Customer/Order Instructions

Pricing based on OMNIA Contract R190201

Line	Order	Ship	B/O	U/M	Item #	Description	Price	Per	Extension
0001	1	1	0	EA	06-93-1911	Demo Dose Simulated Code Drug Bundle w/ Luer Lock Set NO.1	21.05	EA	21.05
0002	1	1	0	EA	06-93-1912	Demo Dose Simulated Code Drug Bundle w/ Luer Lock Set NO.2	24.42	EA	24.42
0003	1	1	0	EA	06-93-8503	Demo Dose® Simulated Nasal Spray 4mg	16.83	EA	16.83
0004	2	2	0	BX	06-93-1501	Demo Dose® Albuterl Sulfat 0.083PCT Proventl 3 mL 30 Ct	26.94	BX	53.88
0005	2	2	0	BX	06-93-1502	Demo Dose® Albuterl Sulfat Ipratropim Bromid Duonb 3mL	26.94	BX	53.88
0006	30	30	0	EA	06-93-2009	ORMD Demo Dose® Aero Inhaler	9.67	EA	290.10
0007	1	1	0	BX	07-71-4589	Nasopharyngeal Airway Kit 9 Pieces Sterile	26.94	BX	26.94
0008	3	3	0	BX	07-71-2000	Pocket Nurse® CPR Valve with Filter	15.15	BX	45.45
Package Information:						Tracking #	Weight		
						532297157731	8.80		

Transportation charges on shipments from Pocket Nurse cover dock-to-dock or dock-to-curb deliveries. Please read our complete Shipping Disclaimer in the Terms and Conditions. If additional shipping charges are incurred by Pocket Nurse due to customer requests or refusal of shipment charges will revert to the customer. Accessorial charges may include, but are not limited to; change

Continued on next page.

# INVOICE REVIEWED

# OKAY TO PAY

# JESSICA LANG 08/24/21

Customer Service - cs@pocketnurse.com 1.800.225.1600, option 1  
 Billing - accounting@pocketnurse.com 1.800.225.1600, option 3.



# Invoice

Invoice Number : 1225042-1

**Customer# :** 011855

**Invoice Date : 08/18/2021**

**Due Date : 09/17/2021**

[illegible]

SubTotal	532.55
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**Customer Service - [cs@pocketnurse.com](mailto:cs@pocketnurse.com) or 1.800.225.1600, option 1.  
Billing - [accounting@pocketnurse.com](mailto:accounting@pocketnurse.com) or 1.800.225.1600, option 3.**



<b>Total</b>	<b>532.55</b>
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From: estevens@pocketnurse.com <estevens@pocketnurse.com>  
Sent: Wed Aug 18 14:17:02 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: [External] Invoice 1225042 for 011855 College Of Dupage  
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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.

See the Following attached Files:01225042-001

Please contact [accounting@pocketnurse.com](mailto:accounting@pocketnurse.com) for billing questions or copies of invoices. You may also call us at 1-800-225-1600, option 3.

For questions regarding your order, please contact our customer service department at [cs@pocketnurse.com](mailto:cs@pocketnurse.com) or 1-800-225-1600, option 1.

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[attachment: e00064810-estevens.pdf]