

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089387  
Vendor Name: School Health Corporation  
Invoice Number: 3952498-00  
Invoice Date: 08/11/21  
PO Number: P0000274  
Check Number: 0284866  
Check Amount: \$ 1,004.51  
Check Date: 09/14/2021  
Voucher Number: V0694290  
Document Type: AP Invoice

Document Below



School Health Corporation  
5600 Apollo Drive  
Rolling Meadows, Illinois 60008  
P(866)323-5465 | F(800)235-1305  
schoolhealth.com

## INVOICE

AMOUNT DUE	INVOICE DATE	INVOICE NO.
1004.51	08/11/21	3952498-00
P.O. NO.		PAGE #
P000274		1

Cust #: 241  
Attn: BROM, TED  
Ship To: COLLEGE OF DUPAGE  
SHIPPING AND RECEIVING  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6708

Bill To: COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6708

Remit To: School Health Corporation  
6764 Eagle Way  
Chicago, IL 60678-1067

INSTRUCTIONS			SHIP POINT		VIA		TERMS	
M-F 7:30am to 3:30pm			SCHOOL HEALTH		UPS GROUND		NET 30	
LN	ITEM AND DESCRIPTION	ORDERED	BACKORDERED	SHIPPED	UOM	PRICE	EXTENDED PRICE	
1	1020117 ADULT CLEAR MOUTH KN95 MASKS 5/BAG THIS PRODUCT IS NON-RETURNABLE. Tracking #: 1Z6F9A520365228075	42	0	42	BAG	23.68	994.56	

1 lines to be Shipped Total 42

Subtotal 994.56  
Freight 9.95  
Invoice Total 1004.51

**APPROVED**  
**08/23/21 - ROBYN SCHIFFMAN**

Tax ID Number: 36-2425385

**INVOICE REVIEWED**  
**OKAY TO PAY**  
**CATHIE WALKER 08/18/21**

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From: Cruse, Bethany <cruseb199@cod.edu>  
Sent: Wed Aug 18 11:44:47 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: Attached Image  
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[attachment: 1361\_001.pdf]