

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087686  
Vendor Name: 962-Praxair Distribution Inc.  
Invoice Number: 65848285  
Invoice Date: 9/3/2021  
PO Number: P0000561  
Check Number: 0287822  
Check Amount: \$ 43.30  
Check Date: 10/12/2021  
Voucher Number: V0700406  
Document Type: AP Invoice

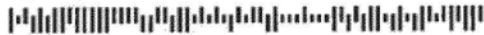
Document Below



PAGE	CUSTOMER NUMBER	DATE	INVOICE NUMBER	AMOUNT DUE
1 OF 1	71714253	09/03/2021	65848285	43.79

365- 1/1: 366 (A1)

Bill to  
COLLEGE OF DUPAGE  
ATTN ACCOUNTS PAYABLE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599



<b>REMITTANCE INSTRUCTIONS:</b>
PLEASE SHOW INVOICE NUMBER AND DATE ON REMITTANCE, AND SEND TO:
PRAXAIR DISTRIBUTION, INC. DEPT CH 10660 PALATINE IL 60055-0660 800-266-4369

COLLEGE OF DUPAGE  
425 FAWELL BLVD  
AUTO SERVICE TECH  
GLEN ELLYN IL 60137

AMOUNT ENCLOSED

71714253 65848285100000043796

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

<b>QUESTIONS:</b>
PLEASE REFER INQUIRIES REGARDING THIS INVOICE TO:
PRAXAIR DISTRIBUTION, INC. CUSTOMER SERVICE 12000 ROOSEVELT RD HILLSDALE IL 60162-2004 800-266-4369

<b>COMMENTS:</b>
Please note the format of your invoice has changed and now includes more information to help you manage your Praxair account.
If you wish to receive the document electronically in the future, please contact us.
Pay your bill online at <a href="http://www.praxairdirect.com/billpay">www.praxairdirect.com/billpay</a> or call 1-800-266-4369.

INVOICE DETAIL AND PURCHASE DESCRIPTION		TERMS:		Net 30 Days			PAYMENT DUE: 10/3/2021		
ITEM NUMBER	ITEM DESCRIPTION	QTY SHIP	QTY RETN	BACK ORDER	UOM	VOL/WI	UNIT PRICE	AMOUNT	TAX Y/N
INVOICE NO:65848285		CUSTOMER:71714253 DATE:9/3/2021							
SHIP FROM		70597,PXPKG HILLSIDE IL HS							
ORDER REFERENCE		52328713 DT 9/2/2021 PT# 90791431							
CUSTOMER PO / RELEASE		000561							
SHIP VIA		POS Walk-in							
AR STAR14-Q		1	1		CO		43.30	43.30	N
UZZZHMD3		1			EA				N
UZZZDEMANDCHGCVL		1			EA		0.49	.49	N
Total Cylinders Shipped/Returned		1	1						
ACCOUNTS PAST DUE WILL BE CHARGED THE GREATER OF A SERVICE CHARGE OF \$1, OR A FINANCE CHARGE OF 1.5% PER MONTH (18% ANNUAL RATE) OF THE OUTSTANDING BALANCE, UNLESS OTHERWISE SPECIFIED IN THE CONTRACT.		PAYMENT RECEIVED WITHOUT INVOICE APPLICATION INSTRUCTIONS WILL BE APPLIED PER SUPPLIER'S DISCRETION AT ANY TIME AFTER THE NINETEENTH DAY FOLLOWING PAYMENT RECEIPT.		SUBTOTAL		TAX AMOUNT		INVOICE AMOUNT	
				43.79		0.00		USD \$ 43.79	

DUE TO THE HIGH COST OF CYLINDERS, IT IS IMPORTANT THAT YOU CHECK THE CYLINDER BALANCES ABOVE TO SEE IF THEY AGREE WITH YOUR RECORDS. CALL US IMMEDIATELY IF THERE ARE DISCREPANCIES. IF WE DO NOT HEAR FROM YOU WITHIN 10 DAYS OF THIS INVOICE DATE, THEN WE WILL CONSIDER YOUR PHYSICAL CYLINDER BALANCES TO AGREE WITH OUR RECORDS, AND OUR RECORDS ARE BINDING. WE WILL BILL YOU FOR LOSS AND LOSS OF USE AT CURRENT VALUES FOR CYLINDERS NOT RETURNED OR DAMAGED. SAVE YOUR RETURNED CYLINDER RECEIPTS. IF YOU HAVE A SIGNED CONTRACT WITH US AND THAT CONTRACT DIFFERS, THEN THE SIGNED CONTRACT GOVERNS.

343-01F

"Barrios, Isabel" <barriosi142@cod.edu>

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**Attached Image**

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"Barrios, Isabel" <barriosi142@cod.edu>

Tue, Sep 14, 2021 at 08:08 PM GMT

CC:

BCC:

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**1 attachment**

1719\_001.pdf