

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1583427
Vendor Name: CAE Healthcare Inc
Invoice Number: INV000000150516
Invoice Date: 9/8/2022
PO Number: P0004295
Check Number: E0091384
Check Amount: \$ 2,601.00
Check Date: 09/13/2022
Voucher Number: V0752279
Document Type: AP Invoice

Document Below

Invoice Date: 9/8/22
Due Date: 10/9/22
Payment Terms: NET 30
Delivery Terms: FOB: N/A
Order Date: 9/6/22
Sales Order Number: SO00111715
Purchase Order ID: P0004295

CAE Healthcare, Inc. (Payment Address)
LOCKBOX: 32955 Collection Center Dr Chicago, IL 60693
INV000000150516
Customer ID: 12
Sales Representative: Winslow, Carol
Customer Contact: invoicing@cod.edu



Bill To Address:

College of Dupage
Accounts Payable
425 Fawell Boulevard
Glen Ellyn, IL, 60137-6599

Ship To Address:

College of Dupage
425 Fawell Boulevard
Glen Ellyn, IL, 60137-6599

Order Notes:

Packing Slip ID:

Inv Ln	SO LN NO	Item ID	Description	National Stock Number ID	Model ID	Order Quantity	Quantity Invoiced	UOM	Net Unit Price Amount	Line Charge Amount	Tax	Tax %	Invoice Line Total
1	1	WAR-ARE13	Express Warranty Plan for Ares Advanced & Complete	WAR-ARE13	ARES026Z	1	1	YR	2,601	0	N	0.00%	\$2,601.00

Subtotal: \$2,601.00

Tax: \$0.00
Total Amount Due: \$2,601.00

Inv Ln

Invoice Line Notes

1 POP: 09/09/22 - 09/08/23

Please include Customer ID & Invoice Number with payment, otherwise it will delay remittance to your account.

Invoice Inquiries Contact:

Altix Accounts Receivable
sqar@cae.com
Phone#: 941-536-2861

Corporate Address:

CAE Healthcare, Inc.
6300 Edgelake Drive, Sarasota, FL 34240

Wire Information:

BANK OF AMERICA
CAE Healthcare, Inc.
Account #: 4429953821
Routing #: 026009593
Swift Code: BOFAUS3N - CHIPS Number 0959

ACH Information:

CAE Healthcare, Inc.
Account#: 4429953821
Routing#: 111000012
BANK OF AMERICA
1401 Elm Street 2nd Floor, Dallas TX 75202

Registration Information:

CAE Healthcare Tax Payer ID # 22-3437089
California Reg# SR S OHC 100-161527
Canada GST# 86624-2530-R1-0001
British Columbia Business# 85524-2530
British Columbia PST# 1309-2848
Saskatchewan PST# 416990
Manitoba RST# 86624-2530-MT-001
Quebec QST# 1213251062

Past due accounts will be charged a finance charge at the rate of 1% per month. All invoices are Payable in US Dollars.

Florencia Sarmiento <florencea.tellado@cae.com>

[External] CAE Healthcare Inc. Invoice#150516

Florencia Sarmiento <florencea.tellado@cae.com>

Thu, Sep 8, 2022 at 01:08 PM GMT

CC: Dorys Rangel <dorys.rangel@cae.com>, Tanya Ross-Garcia <tanya.ross@cae.com>

BCC:

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 you will find the Invoice for your order. Let me know if you need further assistance.

Please let me know your accounts payable email, *if different from above* and include Customer ID & Invoice Number with payment .

Please remit payment to our Lockbox or by ACH.

CAE Healthcare, Inc. Payment Address: LOCKBOX: 32955 Collection Center Dr Chicago, IL 60693

Kind Regards!

2 attachments

INVOICE.pdf

image001.png