

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089054
Vendor Name: Ray O'Herron Co., Inc.
Invoice Number: 2195636
Invoice Date: 5/19/2022
PO Number: B0000878
Check Number: E0091554
Check Amount: \$ 163.00
Check Date: 09/21/2022
Voucher Number: V0752867
Document Type: AP Invoice

Document Below



3549 N Vermilion St
Danville, IL 61832
www.oherron.com
rayoherron@oherron.com
1-800-223-2097

Invoice

2195636

Page 1 of 1

Customer No: 01-60137UC
Invoice Date: 5/19/2022
Sales Order No: 3114531
Sales Order Date: 5/11/2022
Customer PO: STREAMLIGHT



BILL TO:
COLLEGE OF DUPAGE - POLICE
425 FAWELL BLVD.
PUBLIC SAFETY POLICE DEPT
GLEN ELLYN, IL 60137

SHIP TO:
CUSTOMER PICK UP
CALL SGT. JEFF PRIEST
630-808-9837

BADGE NO:	PAYMENT TERMS:	ORDERED BY:	ORDER COMMENT:					
	NET 30 DAYS	CHIEF NEHLS	EMAILED BY DAN					
ITEM NO	DESCRIPTION	WHSE	DS	ORDERED	BACK ORD	SHIPPED	PRICE	EXT PRICE
	JLS/JAM-5-12-22							
V3XM	VORTEX MICRO3X MAGNIFIER	001	N	3.00	3.00	0.00	269.00	0.00
88066	ProTac RAIL MOUNT HL-X	001	N	3.00	0.00	3.00	126.99	380.97
MPIMAG406BLK	MAGPUL MOE RAIL L2	001	N	3.00	3.00	0.00	8.95	0.00

CUSTOMER WILL PICK UP IN STORE

Net Invoice:	380.97
Freight:	0.00
Sales Tax:	0.00
Invoice Total:	380.97
Less Deposit:	0.00
Invoice Balance:	380.97

Returns must be made within (30) days. All items must be in original packaging and/or with original tags. Footwear worn outside is not returnable. Custom or altered items are non-returnable and clearance items are sold "as is". Returns shipped back to us must have a Return Authorization number.
For our full return policy visit www.oherron.com/returns.

"billing@oherron.com" <billing@oherron.com>

[External] Ray O'Herron Co. Invoice #2195636 for COLLEGE OF DUPAGE - POLICE - 5/19/2022

"billing@oherron.com" <billing@oherron.com>

Fri, May 20, 2022 at 01:11 PM GMT

CC:

BCC:

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Please see attached Invoice #2195636 dated 5/19/2022. When replying please reference your customer number (01-60137UC) or Invoice number.

Thank you,

Ray O'Herron Co., Inc.
1-800-223-2097

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1 attachment

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