

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1438021  
Vendor Name: Lakeshore Medical Resources, Inc  
Invoice Number: 030623  
Invoice Date: 3/6/2023  
PO Number: P0005974  
Check Number: E0094205  
Check Amount: \$ 2,895.00  
Check Date: 03/14/2023  
Voucher Number: V0776927  
Document Type: AP Invoice

Document Below

# LAKESHORE MEDICAL RESOURCES, INC.

1231 Golf View Drive  
Woodridge, IL 60517

## Invoice

Date	Invoice #
3/6/2023	030623

Bill To
College of DuPage Accounts Payable 425 Fawell Blvd. Glen Ellyn, IL 60137

		PO NUMBER	Terms	System ID#	FSR#
		P0005974	Net 30	Dimensions	3993
Date	Quantity	Description	Hours	Rate	Amount
3/6/2023		Per Agreement # 021623			
	3	Labor - Replace (2) Switch assemblies L & R	3.0	230.00	690.00
	1	Travel	1.0 Travel	230.00	230.00
	1	Shipping	Freight	75.00	75.00
	1	Switch (RH) assembly ASY-01349	Part	950.00	950.00
	1	Switch (LH) assembly ASY-01348	Part	950.00	950.00
		Found other issue during service, Additional parts may be required for another movement			
<b>Total</b>					\$2,895.00

Thank you for your business. For Billing Questions,  
please call 630-910-0609 or Fax# 630-910-9590.  
A \$25.00 fee will be charged for all returned checks.  
A 2% fee will be added to all invoices over 30 days.

"edlakeshoremed@aol.com" <edlakeshoremed@aol.com>

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**[External] Invoice 030623**

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"edlakeshoremed@aol.com" <edlakeshoremed@aol.com>

Mon, Mar 6, 2023 at 10:14 PM UTC

CC: edlakeshoremed@aol.com <edlakeshoremed@aol.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.

Please find attached invoice to be processed for ACH payment, thank you

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**1 attachment**

COD Invoice #030623.pdf