

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1512676

**Vendor Name:** Sue Franzen

**Check Details:**

**Check Number:** E0106267

**Check Amount:** \$ 2,690.00

**Check Date:** 3/11/2025

**Invoice Details:**

**Invoice Number:** BE35002606A

**Invoice Date:** 3/5/2025

**PO Number:** P0015764

**Voucher Number:** V0875324

**Document Type:** AP Invoice

---

**Document Below**



## Original Bill

Bill Number BE35002606A  
Bill Date 3/5/2025  
**Due Date 5/3/2025**  
Terms Net 60  
Sales Order SE35002606  
Sales Person Sue Franzen

### Proforma Premiums

Telephone: 630-844-3147  
Email: [sue.franzen@proforma.com](mailto:sue.franzen@proforma.com)

### Sold To

Lynda Nagle  
College of DuPage  
525 Fawell Blvd.  
Glen Ellyn, IL 60137  
Phone: 630-942-2441  
[naglel@cod.edu](mailto:naglel@cod.edu)

### Shipped To

College of DuPage  
Rec #P0015764  
425 Fawell Blvd.  
Glen Ellyn, IL 60137

**Customer PO: P0015764**

**Customer Reference: Black Caps - embroidered**

Item #	Item Description	QTY Billed	QTY Ordered	Back Order	Unit Price	Per	Credit	Amount
Black Caps	Light weight brush cotton twill cap Black Logo embroidered on front of cap -chaparral - centered Logo embroidered on back of cap - College of DuPage - green embroidery Please embroider this logo straight on the back of the cap, not curved around opening. Please send proof for approval. See artwork from previous order	250	250	0	10.5000	Each	-	\$2,625.00

Line-Item Total	Freight Amount	Tax Amount	Sub Total	Deposits	Credits/Discounts	Amount Due:
\$2,625.00	\$65.00	-	\$2,690.00	-	-	<b>\$2,690.00 USD</b>

Bills that are paid beyond terms will be adjusted to reflect current retail prices in addition to a 1.5% per month (18% per annum) service charge.  
Vendor makes no warranties, express or implied, on merchantability, fitness or otherwise which extend beyond the description of the product herein.  
Furthermore, buyer agrees through payment of this bill that Vendor's damages, if any, shall be limited to the total selling price of any item purchased.

Please indicate on your remittance the bill numbers to which the payment is to be applied.

**Thank you for your business!**

-----  
*Please detach this portion and return with your payment.*

### Remittance Advice

Billed Customer #	Bill Number	Bill Date	Amount Due
C0E3500193	BE35002606A	3/5/2025	\$2,690.00 USD

### BILL TO:

College of DuPage  
425 Fawell Blvd.  
Glen Ellyn, IL 60137

### PLEASE SEND PAYMENT TO:

Proforma  
P.O. Box 640814  
Cincinnati, OH 45264-0814

Sue Franzen <sue.franzen@proforma.com>

---

**[External] Purchase Order P0015764 - Bill #BE35002606A from Proforma Premiums**

---

Sue Franzen <sue.franzen@proforma.com>

Wed, Mar 5, 2025 at 07:58 PM UTC

CC:

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.

Attached are the following bill(s):

BE35002606A | 2690.00 USD | 03/05/2025 | PO #: P0015764

Please let me know if you have any questions or need additional information.

Thank you very much for your business!

**Sue Franzen**

Owner

(630) 844-3147

Proforma Premiums

<http://www.proforma.com/premiums>

---

**1 attachment**

Customer\_Bill\_BE35002606A.pdf