

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1730164

**Vendor Name:** Oil Equipment Co., Inc.

**Check Details:**

**Check Number:** E0109482

**Check Amount:** \$ 295.00

**Check Date:** 9/9/2025

**Invoice Details:**

**Invoice Number:** 0365512-IN

**Invoice Date:** 7/8/2025

**PO Number:** NULL

**Voucher Number:** V0899538

**Document Type:** AP Invoice

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**Document Below**



## Invoice

Page: 1

### Oil Equipment Company<sup>INC.</sup>

4701 Lien Road  
Madison, WI 53704  
608-249-2881 or 800-279-7311  
608-249-3766 Fax

Invoice Number: 0365512-IN  
Invoice Date: 7/8/2025  
Order Number: S150427  
Order Date: 6/2/2025  
Salesperson: CV1  
Customer Number: 01-COLLDUP  
Entered By: SM

**Sold To:**  
College of DuPage  
425 Fawell Blvd.  
Glen Ellyn, IL 60137

**Ship To:**  
College of DuPage  
425 Fawell Blvd.  
Glen Ellyn, IL 60137

**Confirm To:**

**Tracking Number:**

**Customer P.O.**  
B0002554

**Ship VIA**

**F.O.B.**

**Terms**  
Net 15 days

Item Number	Whse	Unit	Ordered	Shipped	Back Ord	Price	Amount
SERVICE		EACH	1.00	1.00	0.00	0.00	0.00
Service							
Completed June monthly AB operations management inspection of UST system. Filled out and filed monthly checklist. Work complete 6-26-25.							
CVAB-3		EACH	1.00	1.00	0.00	295.00	295.00
UST A/B Compliance							

Net Invoice:	295.00
Less Discount:	0.00
Freight:	0.00
Sales Tax:	0.00
<b>Invoice Total:</b>	<b>295.00</b>

A 1.5% finance charge per month is imposed on all balances over 15 days old.  
Questions regarding this invoice must be addressed to us in writing within 10 days of the date of the invoice.

**"Maday, Kari"** <madayk2239@cod.edu>

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**Attached Image**

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**"Maday, Kari"** <madayk2239@cod.edu>

Wed, Jul 16, 2025 at 07:09 PM UTC

CC:

BCC:

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**1 attachment**

4480\_001.pdf