

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1298946 **Vendor Name:** 4IMPRINT, Inc.

**Check Details:**

**Check Number:** E0110694 **Check Amount:** \$ 274.59 **Check Date:** 11/25/2025

**Invoice Details:**

**Invoice Number:** 14515989 **Invoice Date:** 11/14/2025 **PO Number:** P0019863 **Voucher Number:** V0914230

**Document Type:** AP Invoice

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**Document Below**



101 Commerce St  
PO Box 320  
Oshkosh, WI 54901

www.4imprint.com

877-446-7746

800-355-5043

ACCOUNTS PAYABLE DEPT - SRC2049  
COLLEGE OF DUPAGE  
425 FAWEL BLVD  
ATTN: ACCOUNTS PAYABLE  
GLENELLYN IL 60137

**Shipping Address**

Channing Payne PO#P0019863  
College Of DuPage  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6708  
USA  
Tel: 6309424286

**Invoice Number** 14515989

**Account No.** 1182643

**Invoice Date** November 14, 2025

**Account Rep.** David Kleinschmidt

**Reference No** P0019863

**Our Order No.** 30334036

Item		Value Lip Balm	Colors	(Tube, Flavor): White, Cool Ice		
Qty	Item #	Description	Unit \$	Price \$	Total \$	
250	8886	Value Lip Balm	0.9700	242.50	242.50	
1	Set-Up Charge	Set-Up Charge(Per Order Line)	50.0000	50.00	50.00	
1	Coupon	Coupon Code	-29.2500	-29.25	-29.25	
		Freight		11.34	11.34	
					274.59	

**Total Net** 274.59

**Total Tax** 0.00

**Grand Total** 274.59

**Total Due** 274.59

*Please ensure that payment is received by Dec 14 2025.*

**Thank You! We appreciate your business.**

**Any overruns you may have received are yours with our compliments.**

- To ensure proper credit to your account, please quote "14515989/1182643" on your check or remittance.
- If you are not satisfied with your order, please call 1-800-300-0764. All claims must be made within 5 days of receipt.
- Any questions regarding your invoice? Please call 1-800-982-8979. Our terms are Net 30.
- Please make checks payable to 4imprint, Inc.

4imprint Federal ID #39-1837105, GSA Contract # GS-07F-9626S. A Late Payment Charge based on maximum annual percentage allowed by your state law will be applied to this balance owed under this invoice when the invoice becomes past due. The purchaser agrees to pay all of the company's reasonable attorney's fees and any collection agency fees incurred in the collection of any amount owed hereunder and not paid when due. Purchaser agrees to pay any sales or use tax. No credit will be issued for returned merchandise without our consent. This invoice is a conditional acceptance by the seller of the buyer's offer to purchase seller's goods. It may contain terms which differ from or add to those contained in the buyer's purchase order, and to the extent that this is the case, the seller hereby expressly conditions its acceptance of the buyer's offer on the buyer's assent to the additional or different terms. The buyer's receipt and retention of the goods covered by this invoice constitutes acceptance of any such additional or different terms. The buyer and seller agree that any contract hereby entered into has been made and is to be construed according to our State Law.

**To Pay Your Invoice Online Please Visit:**

[www.4imprint.com/payinvoice](http://www.4imprint.com/payinvoice)

**To Remit By Check:**

**4imprint, Inc.**

**25303 Network Place**

**Chicago, IL 60673-1253**

**FW: [External] 4imprint:RE: Invoice 14515989**

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Accounts Payable <acctpay@cod.edu>

Wed, Nov 19, 2025 at 10:50 PM UTC

CC:

BCC:

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**From:** Christina Kasper <ckasper@4imprint.com>  
**Sent:** Wednesday, November 19, 2025 2:10 PM  
**To:** Accounts Payable <acctpay@cod.edu>  
**Subject:** [External] 4imprint:RE: Invoice 14515989

**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 most recent invoice billed to your account with 4imprint. If there is any additional paperwork I can provide you with, please call or email.

Your continued business is appreciated!

Christina Kasper, Accounting Customer Care Associate

[ckasper@4Imprint.com](mailto:ckasper@4Imprint.com)

Fax: 800-355-5043

[www.4imprint.com](http://www.4imprint.com)

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**1 attachment**

Invoice\_14515989.pdf