

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1695896 **Vendor Name:** Nationwide Imaging Services Inc, dba MXR Imaging Inc

Check Details:

Check Number: E0110480 **Check Amount:** \$ 791.67 **Check Date:** 11/11/2025

Invoice Details:

Invoice Number: 123196 **Invoice Date:** 10/28/2025 **PO Number:** B0003352
Voucher Number: V0913364

Document Type: AP Invoice

Document Below

MXR Imaging
 4233 West Hillsboro Boulevard, #970010
 Coconut Creek, FL 33097
 ServiceAR@mxrimaging.com
 Tel: 954-596-4945

Invoice



Date	Invoice #
10/28/2025	123196

Bill To :
College of DuPage 425 Fawell Blvd Glen Ellyn, IL 60137

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

P.O. No.	Terms	Due Date	Ship Date	Ship Via	Contract
B0003352	Net 30	11/27/2025	9/28/2025		101953

Item	Description	Qty	Rate	Amount
Deferred Revenue	CT MXR - 101953 - Covers 10/28/25 - 11/27/25 12 Month PM Agreement on a GE BrightSpeed 16 CT Scanner, As Indicated on Agreement SC-013631A. Original Contract 9/28/24 - 9/27/25 - New Contract Runs from 9/28/25 - 9/27/26 Annual Cost: \$9,500 Monthly Cost: \$791.67	1.00	791.67	791.67

NEW REMITTANCE : MXR Imaging PO Box 776062 Chicago, IL 60677 WIRE PAYMENT : CIBC Acct # 2413949 Routing # 071006486	Subtotal	\$791.67
	Sales Tax (8.25%)	\$0.00
	Payments/Credits	\$0.00
	Balance Due	\$791.67

Parts Sales & Exchange:
 * Exchange - A like and repairable part to be received within 15 days from original shipment date.
 * Restock - Must be received within 15 days and is subject to 25-30% charge.
 * Warranty - 30 days unless specified.
 Resale/Exemption Certificates must be received within 30 days from invoice date.

"Gonzalez, Colleen" <prolac@cod.edu>

FW: [External] Invoice 123196 from MXR Imaging, Inc.

"Gonzalez, Colleen" <prolac@cod.edu>

Thu, Oct 23, 2025 at 01:07 PM UTC

CC:

BCC:

Thank you!

Colleen Prola-Gonzalez

Program Support and Admissions Specialist, Health Sciences

College of DuPage 425 Fawell Blvd Glen Ellyn, IL 60137

prolac@cod.edu 630-942-2994 (ph) 630-942-4222 (fax)

From: Felice Clark <Felice.Clark@mxrimaging.com>
Sent: Wednesday, October 22, 2025 4:46 PM
To: Gonzalez, Colleen <prolac@cod.edu>
Cc: Clinical Requirements <clinicalrequirements@cod.edu>
Subject: [External] Invoice 123196 from MXR Imaging, Inc.

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MXR Imaging,
Inc.

Invoice *Due:11/27/2025*
123196

Amount Due: **\$791.67**

Dear Customer:

Your invoice-123196 for 791.67 is attached. Please remit payment at your earliest convenience.


REMITTANCE

MXR Imaging
PO Box 776062
Chicago IL 60677

Thank you for your business - we appreciate it very much.

Sincerely

MXR Imaging, Inc.
954-596-4945



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1 attachment

Inv_123196_from_MXR_Imaging_Inc._18376.pdf