

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1808254 **Vendor Name:** American Academy of Pediatrics

Check Details:

Check Number: 0352823 **Check Amount:** \$ 197.75 **Check Date:** 6/9/2026

Invoice Details:

Invoice Number: 17309312 **Invoice Date:** 6/1/2026 **PO Number:** P0023569
Voucher Number: V0940053

Document Type: AP Invoice

Document Below

INVOICE

REMIT TO American Academy of Pediatrics
PO Box 7526
Carol Stream, IL 60197-7526
Phone: 866-843-2271
Fax: 847-434-7177

INVOICE NO: 17309312
INVOICE DATE: 6/1/2026
PRINTED DATE: 6/2/2026
AAP ID: 1341095
PO NUMBER: P0023569
SHIP VIA: UPS 7-10 day
TERMS: Net 30
BATCH: PUB9369E
TRANS NO: 22684687

BILL TO College of DuPage
425 Fawell Blvd
Glen Ellyn, IL 60137-6599

SHIP TO College of DuPage
C/O Receiving
425 Fawell Blvd
PO# P0023569
Glen Ellyn, IL 60137

ITEM NUMBER	DESCRIPTION	UNIT PRICE	DISCOUNT	QTY ORDERED	QTY RETURNED	QTY SHIPPED	SHIP DATE	ORDER TOTAL	INVOICE AMOUNT
NRP409	NRP Fundamental Resources Package								
NRP39 5	Textbook of Neonatal Resuscitation, 9th Edition (Paperback)	\$71.95	\$0.00	1	0	1	6/1/2026	\$71.95	\$71.95
NRP40 5	NRP Neonatal Code Medications Card (Pack of 10), 9th Edition (Forms and Charts)	\$34.95	\$0.00	1	0	1	6/1/2026	\$34.95	\$34.95
NRP40 6	NRP Equipment Poster, 9th Edition (Forms and Charts)	\$49.95	\$0.00	1	0	1	6/1/2026	\$49.95	\$49.95
NRP40 7	NRP Key Behavioral Skills Poster, 9th Edition (Forms and Charts)	\$21.95	\$0.00	1	0	1	6/1/2026	\$21.95	\$21.95
NOTES:							Subtotal:	\$178.80	\$178.80
							S & H:	18.95	\$18.95
							TAX:	\$0.00	\$0.00
							TOTAL:	\$197.75	\$197.75
							APPLIED PAYMENTS:		\$0.00
							INVOICE BALANCE:		\$197.75

Your order may be delivered in multiple shipments depending on product availability. Backordered items are billed as they are shipped, which may result in more than one invoice for an order. This invoice displays all of the ordered items, along with current status of each item. The invoice amount column indicates items billed on this invoice.

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Glen Ellyn, IL 60137-6599

PLEASE REMIT WITH PAYMENT

AAP ID: 1341095
INVOICE: 17309312
TRANS NO: 22684687

METHOD OF PAYMENT	AMOUNT \$ _____
1) ONLINE http://shop.aap.org/myaccount (Individuals Only)	
2) CHECK CHECK # _____	
3) CREDIT CARD ☐ MC ☐ VISA ☐ AMEX ☐ DISC	
CREDIT CARD # _____	
EXPIRATION DATE ____ / ____	
SIGNATURE _____	

Member & Customer Care <mcc@aap.org>

[External] Invoice

Member & Customer Care <mcc@aap.org>

Tue, Jun 2, 2026 at 01:17 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 is a copy of your invoice.

Darlene

Member and Customer Care
American Academy of Pediatrics
866-THE-AAP1 (866-843-2271)
630-626-6000 (outside the United States)

1 attachment

cod.pdf