

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1583427 **Vendor Name:** Elevate Healthcare, Inc.

Check Details:

Check Number: E0114275 **Check Amount:** \$ 472.00 **Check Date:** 6/16/2026

Invoice Details:

Invoice Number: INV000000191637 **Invoice Date:** 6/4/2026 **PO Number:** P0023341 **Voucher Number:** V0941094

Document Type: AP Invoice

Document Below

Invoice Date: 6/4/26
Due Date: 7/4/26
Payment Terms: NET 30
Delivery Terms: FOB SHIP PT.
Order Date: 5/22/26
Sales Order Number: SO00147794
Purchase Order ID: P0023341 CASE#00723051
Email: invoicing@cod.edu,srqar@elevatehealth.net

Elevate Healthcare Inc (Payment Address)

LOCKBOX: 32955 Collection Center Dr Chicago, IL 60693

INV000000191637

Customer ID: 12

Sales Representative: Marsico, Alexis

Customer Contact:



Bill To Address:

College of Dupage
 Accounts Payable
 425 Fawell Boulevard

Glen Ellyn, IL, 60137-6599

Ship To Address:

College of Dupage
 425 Fawell Boulevard

Glen Ellyn, IL, 60137-6599

Order Notes:

Packing Slip ID:

PAC000000161704

Inv Ln	SO LN NO	Item ID	Description	National Stock Number ID	Model ID	Order Quantity	Quantity Invoiced	UOM	Net Unit Price Amount	Line Charge Amount	Tax	Tax %	Invoice Line Total
1	1	253K660110	ASSY, PADS, EXTERNAL DEFIB			2	2	EA	\$208.00	0	N	0.00%	\$416.00
2	2	SHIPPING	Shipping & Handling Charges	SHIPPING		1	1	EA	\$56.00	0	N	0.00%	\$56.00
Subtotal:													\$472.00
											Tax:		\$0.00
											Total Amount Due:		\$472.00

Please ensure that the Customer ID and Invoice # are included with your payment. Failure to provide this information may result in a delay in applying the payment to your account. Elevate Healthcare reserves the right to apply a 3% on the total transaction amount for payments made via credit card. This surcharge will not be applied in states or regions where such fees are prohibited by law.

Invoice Inquiries Contact:

Att: Accounts Receivable
 srqaccountsreceivable@Elevatehealth.net
 Phone#: 941-536-2861

Corporate Address:

Elevate Healthcare
 6300 Edgelake Drive, Sarasota, FL 34240

Wire Information:

BANK OF AMERICA
 Elevate Healthcare Inc
 Account #: 4426953821
 Routing #: 026009593
 Swift Code: BOFAUS3N - CHIPS Number 0959

ACH Information:

Elevate Healthcare Inc
 Account#: 4426953821
 Routing#: 111000012
BANK OF AMERICA
 1401 Elm Street 2nd Floor, Dallas TX 75202

Registration Information:

Elevate Healthcare Inc Tax Payer ID # 22-3437089
 California Reg# SR S OHC 100-161527
 Canada GST# 86624-2530-RT-0001
 British Columbia Business# 86624-2530
 British Columbia PST# 1008-2848
 Saskatchewan PST# 416990
 Manitoba RST# 86624-2530-MT-001
 Quebec QST# 1213251062

Past due accounts will be charged a finance charge at the rate of 1% per month.

"srqar@elevatehealth.net" <srqar@elevatehealth.net>

[External] Elevate Healthcare (Formerly CAE Healthcare) Invoice

"srqar@elevatehealth.net" <srqar@elevatehealth.net>

Fri, Jun 5, 2026 at 03:00 AM 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.

Dear Customer,

Enclosed please find your invoice. Please include your invoice and customer ID number with your remittance to ensure that your account is properly credited with your payment.

For payments made with a credit card, a surcharge of 3% of the total transaction amount will be applied .

Remit check payments to Elevate Healthcare, Inc. LOCKBOX: 32955 Collection Center Dr Chicago, IL 60693

Remittance email: srqaccountsreceivable@Elevatehealth.net

Thank you for your business.

Kind Regards,

Florencia Sarmiento

Accounts Receivable Lead

E. florencia.sarmiento@elevatehealth.net

M. + 1-941 266-8603

A. 6300 Edgelake Dr.

Sarasota, FL 34240



1 attachment

Elevate Healthcare Invoice - Standard USD (Send Email).pdf