

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1087629 **Vendor Name:** POCKET NURSE

Check Details:

Check Number: E0114542 **Check Amount:** \$ 3,181.83 **Check Date:** 6/30/2026

Invoice Details:

Invoice Number: 1500432-2 **Invoice Date:** 6/12/2026 **PO Number:** P0023187 **Voucher Number:** V0944137

Document Type: AP Invoice

Document Below



Pocket Nurse®

Simulation & Education Supplies

610 Frankfort Rd. Monaca, PA 15061

Bill to: College Of Dupage
425 Fawell Blvd
Glen Ellyn, IL 60137

Phone: (630) 942-2228
Ship to: College of DuPage Shipping & Recv
425 FAWELL BLVD
HSC 2301
GLEN ELLYN, IL 60137-6708

Phone: (630) 942-2228
Attn: Mercedes Orrick P0023187

Invoice

Invoice Number : 1500432-2

Customer# : 011855

Invoice Date : 06/12/2026

Due Date : 07/12/2026

Ordered By : K. Casey

Entered By : Michelle Melendez

Account Manager : REGION 1

Terms : NET 30

Shipping Method : Ground

Ship Acct# :

Customer PO : P0023187

To: Pocket Nurse

P.O Box 644898

Pittsburgh, PA 15264-4898

Tax ID : 25-1763055

All checks must reference invoice number
to be processed in a timely manner.

Line	Order	Ship	B/O	U/M	Item #	Description	Price	Per	Extension
0001	3	3	0	ST	11-81-1014	SimLabSolutions Finger Stick Simulator Set	101.33	ST	303.99
Package Information:						Tracking #	Weight		
						517664655113	1.10		

All orders are subject to a service charge based on minimum merchandise totals. All orders paid by credit card will be subject to a 3% fee. Please view complete terms and conditions at www.pocketnurse.com/default/terms_and_conditions/

SubTotal 303.99

Customer Service - cs@pocketnurse.com or 1.800.225.1600, option 1.
Billing - accounting@pocketnurse.com or 1.800.225.1600, option 3.



Total 303.99

"jsalvati@pocketnurse.com" <jsalvati@pocketnurse.com>

[External] Invoice 1500432 for 011855 College Of Dupage

"jsalvati@pocketnurse.com" <jsalvati@pocketnurse.com>

Fri, Jun 12, 2026 at 07:20 PM UTC

CC:

BCC:

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Please contact accounting@pocketnurse.com for billing questions or copies of invoices. You may also call us at 1-800-225-1600, option 3.

For questions regarding your order, please contact our customer service department at cs@pocketnurse.com or 1-800-225-1600, option 1.

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1 attachment

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Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1087629 **Vendor Name:** POCKET NURSE

Check Details:

Check Number: E0114542 **Check Amount:** \$ 3,181.83 **Check Date:** 6/30/2026

Invoice Details:

Invoice Number: 1502729-3 **Invoice Date:** 6/25/2026 **PO Number:** P0023187 **Voucher Number:** V0944132

Document Type: AP Invoice

Document Below



Pocket Nurse®

Simulation & Education Supplies

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Bill to: College Of Dupage
425 Fawell Blvd
Glen Ellyn, IL 60137

Phone: (630) 942-2228
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HSC 2301
GLEN ELLYN, IL 60137-6708

Phone: (630) 942-2228
Attn: Mercedes Orrick P0023187

Invoice

Invoice Number : 1502729-3

Customer# : 011855

Invoice Date : 06/25/2026

Due Date : 07/25/2026

Ordered By : K. Casey

Entered By : Michelle Melendez

Account Manager : REGION 1

Terms : NET 30

Shipping Method : Ground

Ship Acct# :

Customer PO : P0023187

To: Pocket Nurse

P.O Box 644898

Pittsburgh, PA 15264-4898

Tax ID : 25-1763055

All checks must reference invoice number
to be processed in a timely manner.

Line	Order	Ship	B/O	U/M	Item #	Description	Price	Per	Extension
0001	6	6	0	EA	04-50-3123-WDCH	Cabinet Bedside 3 Drawer Cabinet	479.64	EA	2877.84

All orders are subject to a service charge based on minimum merchandise totals. All orders paid by credit card will be subject to a 3% fee. Please view complete terms and conditions at www.pocketnurse.com/default/terms_and_conditions/

SubTotal 2,877.84

Customer Service - cs@pocketnurse.com or 1.800.225.1600, option 1.
Billing - accounting@pocketnurse.com or 1.800.225.1600, option 3.



Total 2,877.84

"mcox@pocketnurse.com" <mcox@pocketnurse.com>

[External] Invoice 1502729 for 011855 College Of Dupage

"mcox@pocketnurse.com" <mcox@pocketnurse.com>

Thu, Jun 25, 2026 at 12:33 PM UTC

CC:

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