Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1088924
Vendor Name: 3M Library Systems
Invoice Number: OF56558
Invoice Date: 06/05/13
PO Number:
Check Number: 124047
Check Amount: $ 2,399.06
Check Date: 07/25/2013
Department ID: 15415
Reviewer Name: None
Voucher Number: V0217798
Document Type: AP Invoice

Invoice Image Below
From: hainesn@cod.edu  
Sent: Mon Jun 10 16:01:08 CDT 2013  
To: "Haines, Nancy " <hainesn@cod.edu>,"invoicing@cod.edu " <invoicing@cod.edu>  
CC:  
Subject: 3M INVOICE  
-----------------------------------

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF  

WorkCentre Location: Library SRC3031  
Device Name: lrc-ps2  

For more information on Xerox products and solutions, please visit http://www.xerox.com  

[attachment: DOC.PDF]
February 05, 2013

COLLEGE OF DUPAGE
Attn: BECKY BROWN
425 FAWEILL BLVD
GLEN ELLYN, IL 60137

Re: 812 Lease Expiration / Service Agreement: US50738
Expiration Date: March 13, 2013

Dear BECKY,

In accordance with our agreement, the rental of the 3M™ Model 812 that is being used for the insertion of security tags into books is scheduled to expire. At this time there are three options available to the library.

Return the unit if the project will be completed by the expiration date. If you choose to return the unit, arrangements for pick-up can be made by calling 1-800-328-0067 option 1, option 2.

Purchase additional usage time to allow for completion of the project. This can be done by calling 1-800-328-0067 opt. 1, opt. 2.

Purchase the unit outright would be a practical decision if the library anticipates having a large volume of ongoing stripping activity. For details regarding purchase of your current 812 unit please contact your area representative at 1-800-328-0067.

You can place a service call or renew your service contract online. Visit us at www.3m.com/uslibraryservice for details. You can also call 1 800 328 0067 and select option #1 to place a service call over the phone.

3M Account #: GZY5096
Lease Term: March 14, 2013 to June 13, 2013
(If a different Lease term is needed, contact 3M at the above telephone # for pricing)

<table>
<thead>
<tr>
<th>Model</th>
<th>Model Type</th>
<th>Serial ID</th>
<th>Amount</th>
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<tr>
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<td>RFID CONV WKSTN</td>
<td>81200138</td>
<td>$1,199.53</td>
</tr>
<tr>
<td>812</td>
<td>RFID CONV WKSTN</td>
<td>81200142</td>
<td>$1,199.53</td>
</tr>
</tbody>
</table>

We appreciate this opportunity to be of service and look forward to hearing from you.

Sincerely,

Kelly Hunter
Service Sales Representative
Telephone: 800-328-0067, Opt 1, Opt 2
Fax: 888-263-1916

APPROVED 07/02/13
ELLEN SUTTON
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1084592
Vendor Name: 4 Imprint, Inc.
Invoice Number: 287923
Invoice Date: 06/04/13
PO Number: P0324614
Check Number: 124048
Check Amount: $ 268.41
Check Date: 07/25/2013
Department ID: 15065
Reviewer Name: None
Voucher Number: V0216271
Document Type: AP Invoice

Invoice Image Below
Please remit to:
4imprint, Inc.
25303 Network Place
Chicago, IL 60673-1253

APPROVED 06/18/13
Diane Szakonyi
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1082195
Vendor Name: Accurate Office Supply
Invoice Number: 248887
Invoice Date: 06/06/13
PO Number: B0317729
Check Number: 124053
Check Amount: $26.05
Check Date: 07/25/2013
Department ID: 15265
Reviewer Name: None
Voucher Number: V0214805
Document Type: AP Invoice

Invoice Image Below
From: hainesn@cod.edu
Sent: Mon Jun 10 13:26:12 CDT 2013
To: "INVOICING@COD.EDU " <INVOICING@COD.EDU>
CC:
Subject: ACCURATE INVOICE

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: Library SRC3031
Device Name: lrc-ps2

For more information on Xerox products and solutions, please visit http://www.xerox.com

[attachment: DOC.PDF]
**ACCURATE OFFICE SUPPLY CO.**

**INVOICE**

Account: 30501  
Date: 06/06/13  
Time: 10:36AM  
Order #: 955709  
Page #: 1

S  COLLEGE OF DUPAGE--LIBRARY  
O  NANCY HAINES  
L  425 PAWELL BLVD--SRC3027  
D  GLEN ELLYN, IL 60137  
T  630-942-2354  

S  COLLEGE OF DUPAGE--LIBRARY  
H  ATTN: NANCY HAINES  
I  425 PAWELL BLVD--SRC3120B  
P  GLEN ELLYN, IL 60137  

**Terms**  
NET 30

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<th>Department</th>
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<tr>
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<td>COD-LIBRARY</td>
<td>06/03/13</td>
<td>TODD CAMPBELL</td>
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**Ship Via**  
OUR TRUCK

**Shipping Instructions**  
Freight  
Route  
Zone  
6

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<th>Qty</th>
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<th>Qty</th>
<th>Ship</th>
<th>Qty B/O</th>
<th>Item Number/Description</th>
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<td></td>
<td></td>
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<td></td>
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<td>Backorder no: 955709 line: 002</td>
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</table>

**APPROVED 06/17/13**  
**LISA STOCK**

| Sub Total | 26.05 |
| Freight   |      |
| Sales Tax |      |
| Total     | 26.05 |
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1082195
Vendor Name: Accurate Office Supply
Invoice Number: 250297
Invoice Date: 06/19/13
PO Number: B0317729
Check Number: 124053
Check Amount: $ 155.08
Check Date: 07/25/2013
Department ID: 15265
Reviewer Name: None
Voucher Number: V0218396
Document Type: AP Invoice

Invoice Image Below
From: hainesn@cod.edu
Sent: Tue Jun 25 12:01:45 CDT 2013
To: "Haines, Nancy " <hainesn@cod.edu>,"invoicing@cod.edu 
<invoicing@cod.edu>
CC:
Subject: ACCURATE INVOICE

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: Library SRC3031
Device Name: lrc-ps2

For more information on Xerox products and solutions, please visit http://www.xerox.com

[attachment: DOC.PDF]
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<th>Unit Price</th>
<th>Extended Price</th>
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<td>(PK) MMM810-P10K TAPE, SCOTCH, 3/4&quot;X1000, 10PK</td>
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<td>(EA) PEL99597 CORD, OUTLET, PRONG, OE</td>
<td>40.050</td>
<td>120.15</td>
</tr>
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**APPROVED 06/27/13**

**LISA STOCK**

**OKAY TO PAY N.H.**

Sub Total 155.08
Freight  
Sales Tax  
Total 155.08
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1082195
Vendor Name: Accurate Office Supply
Invoice Number: 249886
Invoice Date: 06/14/13
PO Number: B0317729
Check Number: 0124053
Check Amount: $255.83
Check Date: 07/25/2013
Department ID: 15265
Reviewer Name: None
Voucher Number: V0220731
Document Type: AP Invoice

Invoice Image Below
Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: Library SRC3031
Device Name: lrc-ps2

For more information on Xerox products and solutions, please visit http://www.xerox.com

[attachment: DOC.PDF]
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<th>Qty B/O</th>
<th>Item Number/ Description</th>
<th>Unit Price</th>
<th>Extended Price</th>
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<tbody>
<tr>
<td>3</td>
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<td>(EA) MOH RUBBER STAMP RUBBER HAND STAMP &quot;For RENEWALS 630-942-2166 or <a href="mailto:ill@cod.edu">ill@cod.edu</a>&quot; CENTERED, CALIBRI FONT SIZE 16</td>
<td>12.000</td>
<td>36.00</td>
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<td>1</td>
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<td>(EA) CLGDCH-302 CASE,CAMERA,COMPACT,BK</td>
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<td>(EA) QRT2006 BAR I,BULLETIN48&quot;-AM</td>
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<td>(EA) JELKITCHEN-32EA CLEANER,CLR,KITCHEN,32OZ</td>
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<td>9.74</td>
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</table>

THANK YOU FOR YOUR ORDER

OK TO PAY N.H.

Approved 07/22/13
ELLEN SUTTON
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1081575
Vendor Name: ACT, Inc.
Invoice Number: 1084498
Invoice Date: 06/06/13
PO Number: B317817
Check Number: E0021307
Check Amount: $ 156.00
Check Date: 07/24/2013
Department ID: 14230
Reviewer Name: None
Voucher Number: V0220753
Document Type: AP Invoice

Invoice Image Below
Danielle Conlee
Testing Office Supervisor
Specialized Testing Services
College of DuPage
425 Fawell Blvd., Glen Ellyn, IL 60137-6599
4 phone (630) 942-3765 1 fax (630) 942-3724 1 conlee@cod.edu
1 http://www.cod.edu
Office Location: Berg Instructional Center (BIC) 2407

-----Original Message-----
From: Conlee, Danielle
Sent: Tuesday, July 16, 2013 4:00 PM
To: Conlee, Danielle
Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Sent by: cdnet-ad\conlee [conlee@cod.edu] Number of Images: 1
Attachment File Type: PDF
Device Name: testing-ps3
Device Location: BIC 2405

For more information on Xerox products and solutions, please visit http://www.xerox.com/

[attachment: img-716145934-0001.pdf]
INVOICE

INVOICE NUMBER: 1084498
INVOICE DATE: 06-JUN-13
INVOICE AMOUNT: 18.00
CUSTOMER NUMBER: 34469

BILL TO: SHERRY MACHACEK
COLLEGE OF DUPAGE
425 FAWEILL BLVD
GLEN ELLYN, IL 60137
United States

SHIP TO: JUDY THOMMES
COLLEGE OF DUPAGE-NAPERVILLE
REGIONAL CENTER
1223 RICKERT DR
NAPERVILLE, IL 60540
United States

DETACH TOP PORTION OF THIS FORM AND RETURN WITH PAYMENT

REMIT TO: ACT
FINANCE
PO BOX 4072
IOWA CITY, IA 52243-4072

CUSTOMER NUMBER: 34469
DUE DATE: 05-AUG-13
TERMS: 30 NET
P.O. NUMBER: 4039101
ACT ORDER NO.: 4039101

PHONE: 319/337-1150
FAX: 319/337-1771

<table>
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<tr>
<th>ITEM DESCRIPTION</th>
<th>QUANTITY</th>
<th>UNIT</th>
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<th>NET AMOUNT</th>
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<tr>
<td>WORKKRY'S APPLIED MATH ASSESSMENT SCORING</td>
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<td>EACH</td>
<td>$6.00</td>
<td>$18.00</td>
<td>$0.00</td>
</tr>
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</table>

Invoice no: 1084498

This is notification that when you pay by check you are authorizing ACT, Inc. to convert your check to an electronic entry. This means you will not receive your check back in your financial institution statement. If your check is returned to us due to insufficient or uncollected funds, it may be re-presented electronically and your account will be debited.

APPROVED 07/22/13
ELLEN SUTTON
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1091575
Vendor Name: ACT, Inc.
Invoice Number: 1084500
Invoice Date: 06/10/13
PO Number: B0317817
Check Number: E0021307
Check Amount: $ 138.00
Check Date: 07/24/2013
Department ID: 14925
Reviewer Name: None
Voucher Number: V0221049
Document Type: AP Invoice

Invoice Image Below
Danielle Conlee
Testing Office Supervisor
Specialized Testing Services

College of DuPage
425 Fawell Blvd., Glen Ellyn, IL 60137-6599
4 phone (630) 942-3765 1 fax (630) 942-3724 l conlee@cod.edu
1 http://www.cod.edu
Office Location: Berg Instructional Center (BIC) 2407

-----Original Message-----
From: Conlee, Danielle
Sent: Tuesday, July 16, 2013 3:59 PM
To: Conlee, Danielle
Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Sent by: cdnet-ad\conlee [conlee@cod.edu] Number of Images: 1
Attachment File Type: PDF
Device Name: testing-ps3
Device Location: BIC 2405

For more information on Xerox products and solutions, please visit http://www.xerox.com/

[attachment: img-716145923-0001.pdf]
INVOICE

INVOICE NUMBER: 1084500
INVOICE DATE: 10-JUN-13
INVOICE AMOUNT: 138.00
CUSTOMER NUMBER: 34469

BILL TO: SHERRY MACHACEK
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137
United States

SHIP TO: SHERRY MACHACEK
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137
United States

DETACH TOP PORTION OF THIS FORM AND RETURN WITH PAYMENT

REMIT TO: ACT
FINANCE
PO BOX 4072
IOWA CITY, IA 52243-4072

PHONE: 319/337-1150
FAX: 319/337-1771

ITEM DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | NET AMOUNT | TAX
---|---|---|---|---|---
WORKKEYS READING FOR INFORMATION ASSESSMENT SCORING | 3 | EACH | $6.00 | $30.00 | $0.00
WORKKEYS BUSINESS WRITING ASSESSMENT SCORING | 6 | EACH | $11.00 | $66.00 | $0.00
WORKKEYS APPLIED MATH ASSESSMENT SCORING | 7 | EACH | $6.00 | $42.00 | $0.00

Invoice Item Amount $138.00
Shipping Charges $0.00
Tax $0.00
TOTAL NET INVOICE $138.00

This is notification that when you pay by check you are authorizing ACT, Inc. to convert your check to an electronic entry. This means you will not receive your check back in your financial institution statement. If your check is returned to us due to insufficient or uncollected funds, it may be re-presented electronically and your account will be debited.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1082328
Vendor Name: Advanced Wiring Solutions, Inc
Invoice Number: 31013
Invoice Date: 06/11/13
PO Number: 325094
Check Number: E0021309
Check Amount: $ 7,851.00
Check Date: 07/24/2013
Department ID: 14925
Reviewer Name: None
Voucher Number: V0220686
Document Type: AP Invoice

Invoice Image Below
# Advanced Wiring Solutions

**Billed To:** COD  
**Address:** 425 Fawell Blvd, Glen Ellyn IL 61037

**Project:** COD  
**Address:** 425 Fawell Blvd, Glen Ellyn Blvd IL

---

**Invoice**

**Invoice #: 31013**  
**Date: 06/11/2013**

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<tr>
<th>Description</th>
<th>Quantity</th>
<th>U/M</th>
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**Due Date:** 07/11/2013  
**Terms:** 30DY  
**Project No:** 20004  
**Work Order No.:** 31013  
**P.O. No.:** 325094

---

**Approved 07/18/13**  
**Diane Szakonyi**

---

**Invoice Net:** $7,851.00  
**Sales Tax:** $0.00  
**Invoice Total:** $7,851.00   
**Amount Paid:** $0.00  
**Amount Due:** $7,851.00

---

**Past Due Balances are subject to a 1 - 1 1/2% finance charge per month.**

Visit us on the web at www.advancedwiring.com
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1337414
Vendor Name: Airgas Usa
Invoice Number: 9016674008
Invoice Date: 06/12/13
PO Number: P0325202
Check Number: 0124056
Check Amount: $1,378.40
Check Date: 07/25/2013
Department ID: 02805
Reviewer Name: None
Voucher Number: V0220555
Document Type: AP Invoice

Invoice Image Below
This message is an invoice from Airgas USA, LLC for goods or services purchased by your organization.

If you experience any problems or difficulties with this communication, please contact Lynn Kozul at (phone) (216) 642-6721; (fax) (216) 642-6622; or (email) lynn.kozul@airgas.com. Do not reply to the sender of this message.

In order to view or print this invoice, you must have Adobe Acrobat Reader, which is available as a free download from Adobe.

Click on the following link:

We appreciate your business.

Disclosure

Terms of Sale: Each sale of Goods or services by an Airgas company is and shall be governed by the terms and conditions on this Disclosure, the Terms of Sale affixed to the Account Application (if one has been completed), and the Terms of Sale found at http://www.airgas.com/customer_service/terms.aspx (collectively the "Terms of Sale").

Each Contract for the sale of Goods or services between Seller and Buyer ("Contract") shall include these Terms of Sale, together with any other material describing the Goods or services being sold, their price, delivery terms, and all other special provisions. "Goods" refers to any items of tangible personal property described in any Contract or otherwise provided by Seller to Buyer.

Notice Regarding Cylinder Rentals/Leases and Responsibility: This document shows the total number of cylinders charged to Buyer (i.e., cylinders which Seller has rented or leased to
Buyer, and which Buyer has not returned) according to Seller's records as of the month ending date shown. The number of cylinders thus charged to Buyer shall be considered correct for all contractual purposes between Buyer and Seller, unless Buyer reports to Seller in writing any errors Buyer claims within 60 days after the date hereof. Buyer agrees to continue to pay rent on all cylinders charged to Buyer until Buyer has either (i) returned such cylinders to Seller in good working order or (ii) pays Seller the replacement cost thereof.

Refrigerant Cylinder Returns/Deposit. Refillable refrigerant cylinders shall remain the property of Airgas or its third-party vendors. Such cylinders shall not be used by Customer for purposes other than the storage of gas products purchased from Airgas or the return and reclamation of certain gases (e.g., refrigerants). Each refillable cylinder will be subject to a cylinder deposit fee, as established by Airgas from time to time. Airgas will refund the deposit fee when the Customer returns the refrigerant cylinder unless the cylinder's condition is deemed to be unfit for reuse, as determined by Airgas, which determination shall be irrefutable sixty days after the cylinder was returned.

Warranty: All products, other items of sale, cylinders and other containers furnished by an Airgas company shall conform to the description thereof published by the manufacturer at the time of sale and will meet Seller's purity specifications for all gas products. SELLER SPECIFICALLY DISCLAIMS ANY OTHER EXPRESS OR IMPLIED STANDARDS, GUARANTEES, OR WARRANTIES, INCLUDING ANY WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR NON-INFRINGEMENT AND ANY WARRANTIES THAT MAY BE ALLEGED TO ARISE AS A RESULT OF CUSTOM OR USAGE.

Limitation of Liability: SELLER SHALL BE LIABLE ONLY FOR THE REPAIR OR REPLACEMENT OF DEFECTIVE GAS CYLINDERS AND PRODUCTS, INCLUDING THE REPLACEMENT OF GASES THAT DO NOT MEET ITS PURITY SPECIFICATIONS WITH GASES THAT DO MEET SUCH SPECIFICATIONS. BUYER KNOWINGLY AND FULLY ASSUMES THE RISKS OF TRANSPORTING AND USING COMPRESSED GASES. SELLER SHALL NOT BE LIABLE FOR ANY DIRECT (EXCEPT AS EXPRESSLY PROVIDED HEREIN), INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL AND/OR PUNITIVE DAMAGES, ARISING OR ALLEGED TO ARISE OUT OF OR IN CONNECTION WITH ITS PERFORMANCE OF ANY OBLIGATIONS OR ANY PRODUCT, OTHER ITEMS OF SALE, OR EQUIPMENT SOLD OR LEASED BY SELLER, WHETHER SUCH DAMAGE RESULTS FROM ANY NEGLIGENT ACT OR OMISSION OR IS RELATED TO STRICT LIABILITY, OR OTHERWISE.

Terms of Payment: Unless otherwise specified in a Contract, Buyer shall make payment in full within 30 days after the date of Seller's invoice. A late payment charge of 1.5% on the unpaid, past due balance, will be assessed monthly (minimum two dollars ($2.00), or the maximum lawful rate allowable in the state where the Goods are delivered, whichever is less.
Surcharges: Upon notice and receipt of underlying documentation, Buyer shall pay to Seller a surcharge in the event of any extraordinary or emergency increases in the cost of (a) power and/or raw materials used in the production of Products and/or (b) fuel.

Title to Equipment: Title to all rental equipment shall remain in Seller’s name. Buyer shall not cover, modify, remove or otherwise disturb any identification or other indicia of Seller’s ownership on any rental equipment.

Taxes: Any taxes imposed by federal, state, or other governmental authority on the sale, use or possession of Goods, or the sale or performance of services by an Airgas company, shall be paid by Buyer in addition to the purchase price.

Itemized Charges: The total amount due from the Buyer may include various itemized charges, including: charges for the handling of hazardous materials and for compliance with laws and regulations concerning hazardous materials; charges for handling, delivery and shipping; and/or charges for energy or fuel. None of the charges represent a tax or fee paid to or imposed by any government authority, and all of the charges are retained by the Seller. The Seller has not specifically quantified the relationship between the charges and the actual costs associated with the charges, which can vary by product, service, time and place, among other things.

Government Contracts: Certain Airgas companies are U.S. government contractors and subcontractors and are subject to and adhere to the requirements of federal laws, executive orders, and attendant rules and regulations, specifically Executive Order No. 11246, the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Assistance Act of 1974, all as amended.

Airgas eBusiness
Now doing business with Airgas is easier than ever with our eBusiness website, http://www.airgas.com. Visit us online today to see how www.airgas.com can save you time and money.

[attachment: no00_9016674008_invoice_20130613_024503.pdf]
**STANDARD INVOICE**

FOR ADDRESS CORRECTIONS, PLEASE FAX NOTICE TO: 216-642-6670

<table>
<thead>
<tr>
<th>INVOICE DATE</th>
<th>INVOICE NO</th>
<th>DUE DATE</th>
<th>PAY THIS AMOUNT</th>
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<tr>
<td>06/12/2013</td>
<td>2056131</td>
<td>07/12/2013</td>
<td>$1,378.57</td>
</tr>
</tbody>
</table>

**PLEASE MARK YOUR METHOD OF PAYMENT**

- [ ] Check
- [ ] Credit Card

Please visit [www.airgas.com/onlinebillpay](http://www.airgas.com/onlinebillpay) or complete the information on the reverse side of this form.

**PLEASE MAKE CHECKS PAYABLE AND REMIT TO:**

Airgas USA, LLC  
PO BOX 802576  
CHICAGO IL 60680-2576

2056131190166740800001378570

**TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 216-542-1500**

<table>
<thead>
<tr>
<th>ORDER NO</th>
<th>INVOICE NO</th>
<th>INVOICE DATE</th>
<th>SOLD TO NO</th>
<th>SOLD TO NAME</th>
<th>PO / RELEASE</th>
<th>BRANCH</th>
<th>SHIP VIA</th>
<th>PAYMENT TERMS</th>
<th>ORDER DATE</th>
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<tbody>
<tr>
<td>1014646058</td>
<td>9016674008</td>
<td>06/12/2013</td>
<td>2056131</td>
<td>COLLEGE OF DUPAGE</td>
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<td></td>
<td></td>
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<td>05/21/2013</td>
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<table>
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<tr>
<th>DELIVERY NO / DESCRIPTION</th>
<th>MATERIAL NUMBER</th>
<th>QTY SHIP'D</th>
<th>UOM</th>
<th>QTY B/O</th>
<th>CYLINDER SHIP'D</th>
<th>UNIT PRICE</th>
<th>UOM</th>
<th>AMOUNT</th>
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<tr>
<td>1014664058 LINK2655-1</td>
<td>MIG GUN MAGNUM PRO S50A 10' 035-5/64</td>
<td>5 EA</td>
<td>EA</td>
<td></td>
<td>275.68</td>
<td>EA</td>
<td>1,378.40</td>
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Sale subtotal: 1,378.40

Shipping/Handling: 0.17

**AMOUNT** 1,378.57

**FOR WIRE TRANSFER PAYMENTS**

Airgas USA, LLC  
Acct No 8608874318  
PNC Bank, ABA No 031000053
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1082163
Vendor Name: Amazon
Invoice Number: 092537063566
Invoice Date: 07/10/13
PO Number: B0326303
Check Number: 0124059
Check Amount: $716.55
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220518
Document Type: AP Invoice

Invoice Image Below
Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 1
Attachment File Type: PDF

Device Name: lrc-ps3
Device Location: OCC 135

For more information on Xerox products and solutions, please visit http://www.xerox.com/

[attachment: img-716093744-0001.pdf]
<table>
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<th>Ext.Price</th>
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<tbody>
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<td>B000005VLX</td>
<td>Vassar's Jazz</td>
<td>1.000</td>
<td>EA</td>
<td>8.8800</td>
<td>8.88</td>
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<tr>
<td>MISC</td>
<td>SHIPPING AND TAX</td>
<td>1.000</td>
<td>EA</td>
<td>3.9900</td>
<td>3.99</td>
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<tr>
<td></td>
<td><strong>Subtotal:</strong></td>
<td></td>
<td></td>
<td><strong>12.87</strong></td>
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</table>

**Tax:** 0.00

**Total:** 12.87

**Adjustments:** 0.00

**Payments Applied:** 0.00

**Total Due Outstanding:** 12.87

---

**APPROVED 07/17/13 LISA STOCK**

Copy of Original Invoice
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1082163
Vendor Name: Amazon
Invoice Number: 290377422146
Invoice Date: 07/11/13
PO Number: B0326303
Check Number: 0124059
Check Amount: $ 716.55
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220520
Document Type: AP Invoice

Invoice Image Below
From: lrc-ps3 <CODxerox@ cod.edu>
Sent: Tue Jul 16 09:37:16 CDT 2013
To: invoicing@cod.edu
CC:
Subject: B0326303

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 1
Attachment File Type: PDF

Device Name: lrc-ps3
Device Location: OCC 135

For more information on Xerox products and solutions, please visit http://www.xerox.com/

[attachment: img-716093716-0001.pdf]
Amazon.com
Company: COLLEGE OF DUPAGE LIBRARY
To: LARISA
Fax: (630) 858-8757
From: GUADALUPE

Send Inquiries to:
Send Payments to:
AMAZON.COM
P.O. Box 965055
Orlando, FL 32896-

Name: COLLEGE OF DUPAGE LIBRARY
Address: ATTN: LARISA MILLER
425 FAWELL BLVD
GLEN ELLYN IL 60137

Account #: 6045787810092037
Store: 0001

Cust Agree #: 0000000000

<table>
<thead>
<tr>
<th>SKU</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit</th>
<th>Price</th>
<th>Ext. Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1457517620</td>
<td>Tri-Mom: Swimming, Biking, and</td>
<td>1.000</td>
<td>EA</td>
<td>14.3600</td>
<td>14.36</td>
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</table>

Subtotal: 14.36

Tax: 0.00

Total: 14.36

Adjustments: 0.00

Payments Applied: 0.00

Total Amt Outstanding: 14.36

Approved 07/17/13
LISA STOCK

Copy of Original Invoice
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1082163
Vendor Name: Amazon
Invoice Number: 290373165946
Invoice Date: 07/11/13
PO Number: B0326303
Check Number: 0124059
Check Amount: $ 716.55
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220519
Document Type: AP Invoice

Invoice Image Below
From: lrc-ps3 <CODxerox@cod.edu>
Sent: Tue Jul 16 09:36:27 CDT 2013
To: invoicing@cod.edu
CC:
Subject: BO326303

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Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 1
Attachment File Type: PDF

Device Name: lrc-ps3
Device Location: OCC 135

For more information on Xerox products and solutions, please visit http://www.xerox.com/

[attachment: img-716093627-0001.pdf]
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<tr>
<td>0742531112</td>
<td>A Concise History of Euthanasia</td>
<td>1.000</td>
<td>EA</td>
<td>23.2200</td>
<td>23.22</td>
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<td>0742561348</td>
<td>Light at the End of the Tunnel</td>
<td>1.000</td>
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<td>0826518559</td>
<td>Lone Wolf Terror and the Rise</td>
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<td>1405186534</td>
<td>A History of Autism: Conversat</td>
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<td>1842776894</td>
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<tr>
<td>383653861X</td>
<td>TASCHE 365 Day-by-Day. Fashio</td>
<td>1.000</td>
<td>EA</td>
<td>20.0900</td>
<td>20.09</td>
</tr>
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</table>

Subtotal: 158.98

Total: 158.98

Total Amt Outstanding: 158.98

********** End of Invoice **********

Copy of Original Invoice
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1082181
Vendor Name: Amsan
Invoice Number: 289211328
Invoice Date: 06/03/13
PO Number: P0325287
Check Number: E0020939
Check Amount: $645.00
Check Date: 07/10/2013
Department ID: 00689
Reviewer Name: None
Voucher Number: V0217602
Document Type: AP Invoice

Invoice Image Below
INVOICE

PAGE 1 of 1

INVOICE NUMBER: 289211328
ACCOUNT NUMBER: 508634
ORDER NUMBER: 6408936

FOR INQUIRIES CALL:
(666) 412-6726
FAX: (877) 712-6726

06/03/13

FOR INQUIRIES CALL:
(666) 412-6726
FAX: (877) 712-6726
www.amsan.com

ORDER DATE
05/31/13

ORDER NO.
6408936

CONTROL NO.
325287

CUSTOMER P.O.
MDW 10

SHIPPED VIA

TERMS
NET 30 DAYS

SALESPERSON
DEE HOBBES

LINE ITEM NO. DESCRIPTION ORDERED SHIPPED B/O UOM PRICE EXT.AMT TAX
1 MMM02590 spp14x20 surface prep pad 10ea/cs - 5 5 0 CS 129.00 645.00

Delivery information for this invoice may be found at: http://www.amsan.com

APPROVED 06/25/13
JOEL GALLEGOS

NET MERCHANDISE TOTAL TAX TOTAL FREIGHT INVOICE TOTAL
645.00 0.00 0.00 645.00

TERMS AND CONDITIONS FROM CURRENT CATALOG APPLY. CLAIMS FOR SHORTAGES OR DAMAGED GOODS MUST BE MADE IMMEDIATELY UPON RECEIPT OF SHIPMENT IN ACCORDANCE WITH CURRENT RETURN GOODS POLICY. NO RETURNS ACCEPTED WITHOUT PRIOR AUTHORIZATION.

RETAIN THIS PORTION OF THE INVOICE FOR YOUR RECORDS
RETURN THIS PORTION WITH YOUR REMITTANCE

ACCOUNT NUMBER INVOICE DATE INVOICE NO. INVOICE AMOUNT DUE NET AMOUNT PAID
508634 06/03/13 289211328 645.00

SOLD TO:
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELYNN IL 60137-6708

REMIT TO:
AMSAN
13924 Collection Center Dr
Chicago, IL 60693-0126

TERMS AND CONDITIONS FROM CURRENT CATALOG APPLY. CLAIMS FOR SHORTAGES OR DAMAGED GOODS MUST BE MADE IMMEDIATELY UPON RECEIPT OF SHIPMENT IN ACCORDANCE WITH CURRENT RETURN GOODS POLICY. NO RETURNS ACCEPTED WITHOUT PRIOR AUTHORIZATION.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1081556
Vendor Name: Apple Computer
Invoice Number: 4237564930
Invoice Date: 04/27/13
PO Number: P0324633
Check Number: E0021311
Check Amount: $ 658.00
Check Date: 07/24/2013
Department ID: 15165
Reviewer Name: None
Voucher Number: V0216215
Document Type: AP Invoice

Invoice Image Below
Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: Library SRC3031
Device Name: lrc-ps2

For more information on Xerox products and solutions, please visit http://www.xerox.com
Apple Inc.

Remit To: Apple Inc.  
P.O. Box 281877  
ATLANTA, GA  30384-1877

Sold To:  
COLLEGE OF DUPAGE  
DUPAGE JUNIOR COLLEGE 502  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6708  
USA

Ship To:  
COLLEGE OF DUPAGE  
LARA TOMPKINS  
425 Fawell Blvd  
GLEN ELLYN IL 60137-6708  
USA

Customer Number: 48460  
Customer P.O. Number: 324633  
Sales Order Number: 42440037004  
Reference Number: 4237564930  
Ref Date: 04/27/13  
Terms: Net 30 Days

<table>
<thead>
<tr>
<th>Item</th>
<th>Product Number</th>
<th>Product Description</th>
<th>Total Ordered</th>
<th>Total Shipped</th>
<th>Unit Price</th>
<th>Extended Price</th>
</tr>
</thead>
</table>
| 001  | MD538LL/A      | iPad MINI Wi-Fi Cellular 32GB  
Serial No.: F4KKH59JF10G  | 1              | 1              | 559.00      | 559.00        |
| 002  | S4745LL/A      | AppleCare+ for iPad - Edu-USA | 1              | 1              | 99.00       | 99.00          |

Web Order Number: 2100693781

Questions? Call 1-800-278-7775 Mon-Fri, 7:30 am - 6:30 pm CT

Approved 06/24/13
Lisa Stock

<table>
<thead>
<tr>
<th>Subtotal</th>
<th>658.00</th>
</tr>
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<tbody>
<tr>
<td>Tax</td>
<td>0.00</td>
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<tr>
<td>Shipping Charges</td>
<td></td>
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<tr>
<td>TOTAL</td>
<td>658.00</td>
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</table>
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1240725
Vendor Name: Astral Precision Equipment
Invoice Number: 4150
Invoice Date: 06/05/13
PO Number: B0325181
Check Number: E0020944
Check Amount: $ 463.50
Check Date: 07/10/2013
Department ID: 00089
Reviewer Name: None
Voucher Number: V0217612
Document Type: AP Invoice

Invoice Image Below
Astral Precision Equipment Corporation  
1645 Louis Ave  
Elk Grove Village, IL 60007  

847-439-1650 P  847-952-8734 F

---

**Bill To**

COLLEGE OF DUPAGE  
ACCTS PAYABLE  
425 FAWELL BLVD.  
GLEN ELLYN, IL 60137-6599

---

**Ship To**

COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

---

**P.O. Number** | **Terms** | **SLS** | **Ship** | **Via** | **F.O.B.** | **Due Date**
--- | --- | --- | --- | --- | --- | ---

---

<table>
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<tr>
<th><strong>Quantity</strong></th>
<th><strong>Item Code</strong></th>
<th><strong>Description</strong></th>
<th><strong>Price Ea (USD)</strong></th>
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<tbody>
<tr>
<td>5</td>
<td>REPAIRED</td>
<td>MITUTOYO 505-675 6&quot; DIAL CALIPER - REPAIRED</td>
<td>70.00</td>
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<td>1</td>
<td>505-675</td>
<td>MITUTOYO DIAL CALIPER</td>
<td>105.00</td>
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<td>1</td>
<td>SHIPPING</td>
<td>INBOUND UPS CHARGES Machinery &amp; Equipment Exemption</td>
<td>8.50</td>
<td>8.50</td>
</tr>
</tbody>
</table>

**Total** $463.50

---

**WE ACCEPT MOST MAJOR CREDIT CARDS**

We appreciate your business! Thank you!

---

**APPROVED 06/24/13**

KIRSTINE FAY
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1082336
Vendor Name: B&H Photo Video Pro Audio, Inc
Invoice Number: 72639297
Invoice Date: 06/17/13
PO Number: P0325156
Check Number: 124071
Check Amount: $798.95
Check Date: 07/25/2013
Department ID: 00341
Reviewer Name: None
Voucher Number: V0220011
Document Type: AP Invoice

Invoice Image Below
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<thead>
<tr>
<th>Order No.</th>
<th>Customer Code</th>
<th>Terms</th>
<th>Order Date</th>
<th>Purchase Order Number</th>
<th>Salesperson Code</th>
<th>Ship Via</th>
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<tbody>
<tr>
<td>440189240</td>
<td>987771</td>
<td>30 DAY</td>
<td>06/14/13</td>
<td>325156</td>
<td>2M0</td>
<td>STANDARD</td>
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<tr>
<td></td>
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**Item Description**

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<thead>
<tr>
<th>Item Description</th>
<th>SKU# / MFR#</th>
<th>Item Price</th>
<th>Amount</th>
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<tbody>
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<td>SEMK600K2</td>
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<td>798.95</td>
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<tr>
<td>Kit amount reflects only items shipped.</td>
<td>CONSISTS OF:</td>
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<tr>
<td>SENNHEISER MKE 600 SHOTGUN MICROPHONE</td>
<td>.00</td>
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<td>Salesperson Code: 2M0</td>
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<tr>
<td>PEARSTONE DLX UNIV SHOCK MOUNT F/ SHO</td>
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<td></td>
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<td>Salesperson Code: 2M0</td>
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<tr>
<td>Qualifies for Free Shipping Within the Contiguous USA</td>
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<tr>
<td>K-TEK KE-89 7/8&quot; AVALON BOOM POLE/WIR</td>
<td>.00</td>
<td></td>
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<td>Salesperson Code: 2M0</td>
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<tr>
<td>Qualifies for Free Shipping Within the Contiguous USA</td>
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<tr>
<td>KOPUL PREMIUM CBL/ XLR/M TO /F R/A NT</td>
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<td>PEARSTONE MATCHING TRANS XLR/F - STER</td>
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<tr>
<td>PEARSTONE NEOPRENE BOOMPOLE BAG W/SHO</td>
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</tr>
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<td>Salesperson Code: 2M0</td>
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<tr>
<td>Qualifies for Free Shipping Within the Contiguous USA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Continued on Next Page...**
Sold To: ACCOUNTS PAYABLE
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137

Ship To: WAREHOUSE MANAGER
COLLEGE OF DUPAGE/SHIPP&REC
425 FAWELL BLVD.
GLEN ELLYN, IL 60137

Bill Phone: (630)942-2228 Ext: 000000
Work Phone: (630)942-2229 Ext: 000000

Invoice Date: 06/17/13
Ship Phone: (630)942-2217

<table>
<thead>
<tr>
<th>Order No.</th>
<th>Customer Code</th>
<th>Terms</th>
<th>Order Date</th>
<th>Purchase Order Number</th>
<th>Salesperson</th>
<th>Ship Via</th>
</tr>
</thead>
<tbody>
<tr>
<td>440189240</td>
<td>987771</td>
<td>30 DAY</td>
<td>06/14/13</td>
<td>325156</td>
<td>2M0</td>
<td>STANDARD</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Qty Ord</th>
<th>Qty Ship</th>
<th>Qty Bko</th>
<th>Item Description</th>
<th>SKU#/MFR#</th>
<th>Item Price</th>
<th>Amount</th>
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<tbody>
<tr>
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<td>PEARSTONE UNIV MIC FOAM HAND GRIP</td>
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<td>KOPUL STUDIO CBL/ XLR/M - XLR/F RA NT</td>
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</tr>
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</table>

Qualifies for Free Shipping Within the Contiguous USA

Approved 07/17/13
CATHRYN WILKINSON

Sub-Total: $798.95
Total Order: $798.95
## ORIGINAL INVOICE

**Invoice No.:** 72654282  
**Invoice Date:** 06/17/13  
**Ship To:** WAREHOUSE MANAGER  
COLLEGE OF DUPAGE/SHIPP&REC  
425 FAWEll BLVD.  
GLEN ELlyn, IL 60137

---

**Sold To:** ACCOUNTS PAYABLE  
COLLEGE OF DUPAGE  
425 FAWEll BLVD.  
GLEN ELlyn, IL 60137

**Bill Phone:** (630)942-2228 Ext: 000000  
**Work Phone:** (630)942-2229 Ext: 000000  
**Ship Phone:** (630)942-2217

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<table>
<thead>
<tr>
<th>Order No.</th>
<th>Customer Code</th>
<th>Terms</th>
<th>Order Date</th>
<th>Purchase Order Number</th>
<th>Salesperson</th>
<th>Ship Via</th>
</tr>
</thead>
<tbody>
<tr>
<td>440190210</td>
<td>987771</td>
<td>30 DAY</td>
<td>06/14/13</td>
<td>325155</td>
<td>2M0</td>
<td>STANDARD</td>
</tr>
</tbody>
</table>

### Item Description

- **ZOOM ZOOM H4N ON-CAMERA DSLR RECORDING KIT**
  
  **SKU/MFR#:** ZOH4NK1
  
  **Item Price:** 1,410.00

  
  **Qualifies for Free Shipping Within the Contiguous USA**

  **CONISTS OF:**

  - **ZOOM H4N HANDY MOBILE 4-TRACK USB REC**
    
    **SKU/MFR#:** A94451227
    
    **Item Price:** 0.00

  - **TEK TOPPER F/ ZOOM H4N AND H2**
    
    **SKU/MFR#:** A94451228
    
    **Item Price:** 0.00

  - **AUDIO-TECHNICA ATH-M20 CLOSED-BACK HE**
    
    **SKU/MFR#:** A94451229
    
    **Item Price:** 0.00

  - **SANDISK 16GB ULTRA SDHC-UHS-I (30MB/S**
    
    **SKU/MFR#:** A94451230
    
    **Item Price:** 0.00

  - **PEARSTONE 1/4-20 M TO SHOE MOUNT M A**
    
    **SKU/MFR#:** A94451231
    
    **Item Price:** 0.00

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*Continued on Next Page*
Sold To: ACCOUNTS PAYABLE  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137

Ship To: WAREHOUSE MANAGER  
COLLEGE OF DUPAGE/SHIP&PNC  
425 FAWELL BLVD.  
GLEN ELLYN, IL 60137

Bill Phone: (630)942-2228 Ext: 000000  
Work Phone: (630)942-2229 Ext: 000000  
Ship Phone: (630)942-2217

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Total Order: $1,689.96

APPROVED 07/17/13
CATHRYN WILKINSON

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Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1082336
Vendor Name: B&H Photo Video Pro Audio, Inc
Invoice Number: 72554420
Invoice Date: 06/13/13
PO Number: P0325681
Check Number: 124071
Check Amount: $ 39.95
Check Date: 07/25/2013
Department ID: 16815
Reviewer Name: None
Voucher Number: V0221050
Document Type: AP Invoice

Invoice Image Below
**ORIGINAL INVOICE**

**Invoice No.: 72554420**  
**Invoice Date: 06/13/13**

**Sold To:** ACCOUNTS PAYABLE  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137

**Ship To:** JIM NOCERA  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
SHIPPING AND RECEIVING  
WAREHOUSE MANAGER  
GLEN ELLYN, IL 60137

**Bill Phone:** (630)942-2228 Ext: 000000  
**Work Phone:** (630)942-2229 Ext: 000000  
**Ship Phone:** (630)942-2238

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**APPROVED 07/15/13**  
**DAVID GORSKI**

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**Card/Check Number**  
**Amount**  
Sub-Total: $39.95

**Total Order:** $39.95
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Vendor Name: B&H Photo Video Pro Audio, Inc
Invoice Number: 72563482
Invoice Date: 06/13/13
PO Number: P0325690
Check Number: 124071
Check Amount: $2,796.95
Check Date: 07/25/2013
Department ID: 16815
Reviewer Name: None
Voucher Number: V0220008
Document Type: AP Invoice

Invoice Image Below
Original Invoice

Sold To: ACCOUNTS PAYABLE
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137

Ship To: GORSKI DAVID OCC130E
COLLEGE OF DUPAGE
425 FAWELL BLVD
WAREHOUSE MANAGER
SHIPPING RECEIVING
GLEN ELLYN, IL 60137

Invoice No.: 72563482
Invoice Date: 06/13/13

Order No. 439955640
Customer Code: 987771
Order Date: 06/12/13
Order Description: NIKON D600 DIGITAL SLR W/28-300 VR LENS

Terms: 30 DAY
Purchase Order Number: 325690
Salesperson: W8
Ship Via: STANDARD

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Sub-Total: $2,796.95

Approved 07/15/13
DAVID GORSKI

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Drawer: Accounts Payable - Invoices
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Vendor Name: Baker & Taylor Books
Invoice Number: 2028357708
Invoice Date: 07/12/13
PO Number: B0326300
Check Number: 0124072
Check Amount: $ 8,826.28
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220763
Document Type: AP Invoice

Invoice Image Below
From: lrc-ps3 <CODxerox@cod.edu>
Sent: Mon Jul 15 14:15:54 CDT 2013
To: invoicing@cod.edu
CC:
Subject: BO326300

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 4
Attachment File Type: PDF

Device Name: lrc-ps3
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**SUB TOTAL**

| USD CURRENCY | 1,070.83 |

**39 LAMINATE COVERS ON P AT 1.65 = 64.35**

**TOTAL AMOUNT**

| USD CURRENCY | 1,939.86 |

**REMIT TO:**

BAKER & TAYLOR

P.O. BOX 277930

ATLANTA, GA 30384-7930

**PLEASE INDICATE INVOICE # ON YOUR REMITTANCE**

LIS SLOIK OAO 7/15/30
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083159
Vendor Name: Baker & Taylor Books
Invoice Number: 3018844838
Invoice Date: 07/05/13
PO Number: B0326300
Check Number: 0124072
Check Amount: $8,826.28
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220018
Document Type: AP Invoice

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INVOICE

6 LAMINATE COVERS ON P AT 1.65 = 9.90

TERMS: 00 NET 30 DAYS
AMOUNTS BILLED IN USD

TOTAL AMOUNT DUE 279.33

REMIT TO: BAKER & TAYLOR
P.O. BOX 277930
ATLANTA, GA 30384-7930

**NEW REMITTANCE ADDRESS**

PLEASE INDICATE INVOICE # ON YOUR REMITTANCE

7/15/13 OK to pay
80326300

APPROVED 07/15/13
LISA STOCK
Invoice Information:

Drawer: Accounts Payable - Invoices
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Invoice Number: M18340851
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Check Date: 07/25/2013
Department ID: 15240
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Voucher Number: V0220015
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**FOB:** Ship Point

**TOTAL WEIGHT:** 4.07  
**SHIP VIA:** UPS DELIVERY TRAC CHICAGO

**INSIDE SALES REP:** 29 Doherty, Vicki  
**OUTSIDE SALES REP:** 29 Doherty, Vicki

**ORDER TYPE:** Net Order

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**TOTAL MERCHANDISE:** 11.23  
**TOTAL:** 11.23

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All claims must be made within 45 days of invoice date. 
Return authorization required. 
Not responsible for goods sent uninsured.

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PLEASE NOTE: Past due invoices are subject to a finance charge based upon an annual rate of 18% per annum, or the highest rate permitted by law, computed at the periodic monthly rate of 1.5%. File all breakage claims with carrier. Notify us of any errors or omissions. IMPORTANT: NO CLAIMS WILL BE ALLOWED 5 DAYS AFTER RECEIPT OF GOODS. GOODS RETURNED WITHOUT AUTHORIZATION WILL NOT BE ACCEPTED FOR CREDIT -- EXCHANGE.

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NA-NOT AVAILABLE

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Approved by:

---

348294980 - 000
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083159
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Invoice Number: 2028278374
Invoice Date: 06/14/13
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Reviewer Name: None
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<td>PAP</td>
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<td>LAMINATE COVERS ON P AT 1.65 = 1.65</td>
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SUB TOTAL U.S. DOLLARS: 31.47

REMTO: BAKER & TAYLOR
P.O. BOX 277930
ATLANTA, GA 30384-7930
**NEW REMITTANCE ADDRESS**

TOTAL AMOUNT DUE: 31.47
REM TO: BAKER & TAYLOR
P.O. BOX 277930
ATLANTA, GA 30384-7930
**NEW REMITTANCE ADDRESS**

PLEASE INDICATE INVOICE # ON YOUR REMITTANCE

7/15/13 OK TO PAY
00320300
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083159
Vendor Name: Baker & Taylor Books
Invoice Number: 2028320580
Invoice Date: 06/28/13
PO Number: B0326300
Check Number: 0124072
Check Amount: $8,826.28
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0225000
Document Type: AP Invoice

Invoice Image Below
From: "Miller, Larisa" <millerl@cod.edu>
Sent: Tue Jul 16 15:41:27 CDT 2013
To: Invoicing <invoicing@cod.edu>
CC:
Subject: BO 326300

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 1
Attachment File Type: PDF

Device Name: lrc-ps3
Device Location: OCC 135

For more information on Xerox products and solutions, please visit http://www.xerox.com/

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**NRT INDICATES THAT THIS TITLE IS NON-RETURNABLE**

1 LAMINATE COVERS ON P AT 1.65 = 1.65

**TOTAL AMOUNT DUE** 21.90

**TERMS:** 00 NET 30 DAYS

AMOUNTS BILLED IN USD

**REMIT TO:** BAKER & TAYLOR

P.O. BOX 277950

ATLANTA, GA 30384-7930

**NEW REMITTANCE ADDRESS**
Invoice Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1083159  
Vendor Name: Baker & Taylor Books  
Invoice Number: 2323546257  
Invoice Date: 07/18/13  
PO Number: B0326300  
Check Number: 0124072  
Check Amount: $ 8,826.28  
Check Date: 07/25/2013  
Department ID: 15240  
Reviewer Name: None  
Voucher Number: V0220499  
Document Type: AP Invoice

Invoice Image Below
Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 1
Attachment File Type: PDF

Device Name: lrc-ps3
Device Location: OCC 135

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**SUB TOTAL USD CURRENCY**

**418.00**

**FREIGHT SURCHARGE**

**1.05**

**TOTAL AMOUNT DUE**

**419.05**

**REMIT TO:**

BAKER & TAYLOR
P.O. Box 277930
Atlanta, GA 30384-7930
**NEW REMITTANCE ADDRESS**

PLEASE INDICATE INVOICE # ON YOUR REMITTANCE

7/31/13 OK to pay
80320300
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083159
Vendor Name: Baker & Taylor Books
Invoice Number: M18464470
Invoice Date: 07/03/13
PO Number: B0326300
Check Number: 0124072
Check Amount: $ 8,826.28
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220496
Document Type: AP Invoice

Invoice Image Below
Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 1
Attachment File Type: PDF

Device Name: lrc-ps3
Device Location: OCC 135

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[attachment: img-716150033-0001.pdf]
# INVOICE

**Baker & Taylor**  
501 S Gladiolus Street  
Momence, IL 60954

**COLLEGE OF DUPAGE**  
NONPRINT ACQ-LRC3038  
425 Panell Boulevard  
Glen Ellyn, IL 60137-6599

**UPS SHIPPER NO.**
IL 622-320  
**PKG ID #**
M18464470  
**PO#** B032

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<th>DATE SHIPPED</th>
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**ATS #**: SOE7909037

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<th>TERMS</th>
<th>CTN. COUNT</th>
<th>FOB</th>
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<th>SHIP POINT</th>
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<tr>
<td>07:02 AM</td>
<td>07/03/13</td>
<td>NET 30 DAYS</td>
<td>1 Carton</td>
<td>Ship Point</td>
<td></td>
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**TOTAL WEIGHT**: 1.85  
**SHIP VIA**: UPS

**INSIDE SALES REP**: Doherty, Vicki  
**OUTSIDE SALES REP**: Doherty, Vicki

**ORDER Taken BY**: Doherty, Vicki  
**ORDERED ON**: 03-Jul-13 AT 11:28 AM  
**QOE PROCESS NAME**: SOEMOM_6372205_M18464470  
**- The TRACKING NUMBER for your shipment is:** 12075850383070100

**INVOICE CONFIRMED BY**: VIDMASS

**ITEM NUMBER**  
**DESCRIPTION**  
**QTY**  
**SHIP**  
**BIO**  
**UNIT RETAIL**  
**UNIT PRICE**  
**AMOUNT**  
**CUSTOMER P.O. #**

| DD OSCL | OSC019  | BEAUTIFUL LOSERS | 1 | 003 | 00 | 1 | 1 | 0 | 14.2825 | 14.99 | 11.24 | B032 |
| DD OSCL | OS019   | IT'S A DISASTER | 1 | 004 | 00 | 1 | 1 | 0 | 29.9825 | 29.99 | 22.49 | B032 |
| DD TW   | 2284152 | MOVIE 43        | 1 | 005 | 00 | 1 | 1 | 0 | 29.9825 | 29.98 | 22.48 | B032 |
| DD TW   | 2279169 | STOKER         | 1 | 006 | 00 | 1 | 1 | 0 | 22.4825 | 22.98 | 17.23 | B032 |
| DD NVG  | NVG1908 | SUPPORTING CHARACTERS | 1 | 002 | 00 | 1 | 1 | 0 | 23.9525 | 26.95 | 20.21 | B032 |
| DD BBCV | 1000101 | WILD PACIFIC | 1 | 001 | 00 | 1 | 1 | 0 | 29.9825 | 29.98 | 22.48 | B032 |

**Insurance Charge**: 0.35  
**Insurance Credit**: -0.35  
**Shipping & Handling Charge**: 7.91  
**Shipping & Handling Credit**: -7.91

**TOTAL MERCHANDISE**: 116.13  
**TOTAL**: 116.13

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All claims must be made within 45 days of invoice date.  
Return authorization required.  
Not responsible for goods sent uninsured.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083159
Vendor Name: Baker & Taylor Books
Invoice Number: 5012662607
Invoice Date: 07/03/13
PO Number: B0326438
Check Number: 0124072
Check Amount: $ 8,826.28
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220737
Document Type: AP Invoice

Invoice Image Below
From: lrc-ps3 <CODxerox@cod.edu>
Sent: Thu Jul 18 10:48:23 CDT 2013
To: invoicing@cod.edu
CC:
Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 1
Attachment File Type: PDF

Device Name: lrc-ps3
Device Location: OCC 135

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[attachment: img-718104823-0001.pdf]
**INVOICE**

**BILL TO:** ACCOUNT #: 202807 C017269 3 B00000
SAN #: 0272693C0000
NAME: COLLEGE OF DUPAGE
ADDRESS: CONTS ACCT-BO 318074
SRC5634/5040 LIBRARY
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

**SHIP TO:** ACCOUNT #: 202807 C017269 3 000000
SAN #: 0172693C0000
NAME: COLLEGE OF DUPAGE
ADDRESS: CONTS ACCT-BO 318074
SRC5634/5040 LIBRARY
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

ALL CLAIMS MUST BE MADE WITHIN 45 DAYS OF INVOICE. RETURN AUTHORIZATION REQUIRED. NOT RESPONSIBLE FOR GOODS SENT UNINSURED.

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SUB TOTAL USD CURRENCY 1,580.99

OK TO PAY
BO 326438
7/18/13

TERMS: DD NET 30 DAYS
AMOUNTS BILLED IN USD

TOTAL AMOUNT DUE 1,610.05

**APPROVED**

LISA STOKES
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083159
Vendor Name: Baker & Taylor Books
Invoice Number: 5012671223
Invoice Date: 07/10/13
PO Number: B0326438
Check Number: 0124072
Check Amount: $ 8,826.28
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220730
Document Type: AP Invoice

Invoice Image Below
Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 2
Attachment File Type: PDF

Device Name: lrc-ps3
Device Location: OCC 135

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**SUB TOTAL: 645.21**

**USD CURRENCY**
INVOICE

INVOICE #: 5012671225
INVOICE DATE: 07/10/13
ACCOUNT #: 202807 C0172693 B00000
ATS #: COM9012677 0008
PAGE: 002

TERMS: 00 NET 30 DAYS
AMOUNTS BILLED IN USD

OK TO PAY
BO 326438
KY
7/18/13

TOTAL AMOUNT DUE: 655.88

REM TO: BAKER & TAYLOR
P.O. BOX 277930
ATLANTA, GA 30584-7930
**NEW REMITTANCE ADDRESS**

PLEASE INDICATE INVOICE # ON YOUR REMITTANCE

APPROVED 07/22/13
LISA STOCK
11/12/13

NRT INDICATES THAT THIS TITLE IS NON-RETURNABLE
* INDICATES SERVICE CHARGE
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083159
Vendor Name: Baker & Taylor Books
Invoice Number: 5012662604
Invoice Date: 07/03/13
PO Number: B0326438
Check Number: 0124072
Check Amount: $8,826.28
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220738
Document Type: AP Invoice

Invoice Image Below
Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 1
Attachment File Type: PDF

Device Name: lrc-ps3
Device Location: OCC 135

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[attachment: img-718104857-0001.pdf]
**Invoice**

**Bill To:**
- **Account #:** 202.087 C017269 3 B0000
- **Name:** College of Dupage
- **Address:** Contents Acct BO 518074 SRCS680/3040 Library 425 Fawell Blvd Glen Ellyn IL 60137-6599

**Ship To:**
- **Account #:** 202.087 C017269 3 B0000
- **Name:** College of Dupage
- **Address:** Contents Acct BO 518074 SRCS680/3040 Library 425 Fawell Blvd Glen Ellyn IL 60137-6599

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**All claims must be made within 45 days of invoice. Return authorization required. Not responsible for goods sent uninsured.**

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<td>782878426027</td>
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<td>24.00</td>
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**Subtotal USD Currency:**

**Freight:** 7.74

**Total Amount Due:** 30.42

**Remit To:**
- **Baker & Taylor**
- **P.O. Box 27930**
- **Atlanta, GA 30384-7930**

**New Remittance Address**

Please indicate Invoice # on your remittance.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083159
Vendor Name: Baker & Taylor Books
Invoice Number: 5012662606
Invoice Date: 07/03/13
PO Number: B0326438
Check Number: 0124072
Check Amount: $ 8,826.28
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220734
Document Type: AP Invoice

Invoice Image Below
Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 1
Attachment File Type: PDF

Device Name: lrc-ps3
Device Location: OCC 135

For more information on Xerox products and solutions, please visit http://www.xerox.com/

[attachment: img-718105001-0001.pdf]
**INVOICE**

BILL TO: ACCOUNT #: 202807 C017269 & B00000  
SAN #: 0172693C0000  
NAME: COLLEGE OF DUPAGE  
ADDRESS: CONTS ACCT-BO 318074  
SRC3684/3040 LIBRARY  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

SHIP TO: ACCOUNT #: 202807 C017269 & B00000  
SAN #: 0172693C0000  
NAME: COLLEGE OF DUPAGE  
ADDRESS: CONTS ACCT-BO 318074  
SRC3684/3040 LIBRARY  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

ALL CLAIMS MUST BE MADE WITHIN 45 DAYS OF INVOICE. RETURN AUTHORIZATION REQUIRED. NOT RESPONSIBLE FOR GOODS SENT UNINSURED.

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SUB TOTAL USD CURRENCY: 55.75

FREIGHT: 8.89

TOTAL AMOUNT DUE: 64.64

OK TO PAY  
BO 326438  
KY  
7/18/13

TERMS: 0 DAYS

REMIT TO:  
BAKER & TAYLOR  
P.O. BOX 277930  
ATLANTA, GA 30384-7930  
**NEW REMITTANCE ADDRESS**

PLEASE INDICATE INVOICE # ON YOUR REMITTANCE
Drawer: Accounts Payable - Invoices
Vendor Number: 1083159
Vendor Name: Baker & Taylor Books
Invoice Number: 5012662940
Invoice Date: 07/03/13
PO Number: B0326438
Check Number: 0124072
Check Amount: $ 8,826.28
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220729
Document Type: AP Invoice

Invoice Image Below
Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 2
Attachment File Type: PDF

Device Name: lrc-ps3
Device Location: OCC 135

For more information on Xerox products and solutions, please visit http://www.xerox.com/

[attachment: img-718160028-0001.pdf]
**BAKER & TAYLOR**

**INVOICE**

FED TAX ID: 56-1761729  
SHIPPED FROM: COMMERCE  
CUSTOMER SERVICE:  
CREDIT: 800.340.5370/INTL 704.998.3599  
GST/TAX ID:  
PO#: 80 318074

---

**BILL TO:**  
ACCOUNT #: 202807 C017269 3 000000  
SAN #:  
NAME: COLLEGE OF DUPAGE  
ADDRESS: CONTS ACCT-BO 318074  
SRC5684/3040 LIBRARY  
425 FAWELL BLVD  
GLEN ELlyn IL 60137-6599

**SHIP TO:**  
ACCOUNT #: 202807 C017269 3 000000  
SAN #: 017269300000  
NAME: COLLEGE OF DUPAGE  
ADDRESS: CONTS ACCT-BO 318074  
SRC5684/3040 LIBRARY  
425 FAWELL BLVD  
GLEN ELlyn IL 60137-6599

ALL CLAIMS MUST BE MADE WITHIN 45 DAYS OF INVOICE. RETURN AUTHORIZATION REQUIRED. NOT RESPONSIBLE FOR GOODS SENT UNINSURED.

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**SUB TOTAL**

USD CURRENCY

541.63
BAKER & TAYLOR
the future delivered

INVOICE

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INVOICE DATE: 07/05/13
ACCOUNT #: 202807 C017269 3 00000
ATS #: COM9008459
PAGE: 002

TERMS: 00 NET 30 DAYS
AMOUNTS BILLED IN USD

OK TO PAY
30 326438
KY
7/18/13

REMIT TO:
BAKER & TAYLOR
P.O. BOX 277950
ATLANTA, GA 30384-7930
**NEW REMITTANCE ADDRESS**

PLEASE INDICATE INVOICE # ON YOUR REMITTANCE

FREIGHT 12.59
TOTAL AMOUNT DUE 554.22

APPROVED 07/22/13
LISA STOCK
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083159
Vendor Name: Baker & Taylor Books
Invoice Number: 3018857655
Invoice Date: 07/12/13
PO Number: B0326300
Check Number: 0124072
Check Amount: $8,826.28
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220732
Document Type: AP Invoice

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Sent: Thu Jul 18 13:33:31 CDT 2013
To: invoicing@cod.edu
CC:
Subject: BO 326300

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 2
Attachment File Type: PDF

Device Name: lrc-ps3
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INVOICE

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TERMS: 00 NET 30 DAYS
AMOUNTS BILLED IN USD

TOTAL AMOUNT DUE 112.01

REMIT TO: BAKER & TAYLOR
P.O. BOX 277930
ATLANTA, GA 30384-7930
**NEW REMITTANCE ADDRESS**

PLEASE INDICATE INVOICE # ON YOUR REMITTANCE

3018857655
INVOICE DATE: 07/12/13
ACCOUNT #: 202807 U056408 2 B00000
ATS #: SOM8715110
PAGE: 002

OK to pay
30326300

APPROVED 07/22/13
LISA STOCK
From: lrc-ps3 <CODxerox@cod.edu>
Sent: Thu Jul 18 16:02:28 CDT 2013
To: invoicing@cod.edu
CC:
Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 1
Attachment File Type: PDF

Device Name: lrc-ps3
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Goodman Bros. 201 E. 20th St.
206-555-1234

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**FREIGHT:** 8.14

**TOTAL AMOUNT DUE:** 34.50

**TERMS:** 00 NET 30 DAYS

AMOUNTS BILLED IN USD

**OK TO PAY**

Bo 326438

KY

7/18/13
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083159
Vendor Name: Baker & Taylor Books
Invoice Number: 5012662605
Invoice Date: 07/03/13
PO Number: B0326438
Check Number: 0124072
Check Amount: $ 8,826.28
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220727
Document Type: AP Invoice

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[attachment: img-7181610254-0001.pdf]
## INVOICE

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**SHIPPED FROM:** COMMERCE  
**CUSTOMER SERVICE:** 800.340.5370/INTL 704.998.3399  
**GST/TAX ID:** PO#: 80 318074

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**BILL TO:**  
**ACCOUNT #:** 202807 C017269 3 B00000  
**SAN #:** COLLEGE OF DUPAGE  
**NAME:**  
**ADDRESS:** CONTS ACCT-30 S18074  
SRC368/3040 LIBRARY  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

**SHIP TO:**  
**ACCOUNT #:** 202807 C017269 3 B00000  
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**NAME:** COLLEGE OF DUPAGE  
**ADDRESS:** CONTS ACCT-30 S18074  
SRC368/3040 LIBRARY  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

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**ALL CLAIMS MUST BE MADE WITHIN 45 DAYS OF INVOICE. RETURN AUTHORIZATION REQUIRED. NOT RESPONSIBLE FOR GOODS SENT UNINSURED.**

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Invoice Information:

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Vendor Name: Baker & Taylor Books
Invoice Number: 5012662603
Invoice Date: 07/03/13
PO Number: B0326438
Check Number: 0124072
Check Amount: $ 8,826.28
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220728
Document Type: AP Invoice

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BAKER & TAYLOR
the future delivered

INVOICE

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INVOICE DATE: 07/05/13
ACCOUNT #: 202807 C017269 3 B00000
ATS #: COM9003163
PAGE: 002

TERMS: 00 NET 30 DAYS
AMOUNTS BILLED IN USD

OK TO PAY
Bo 326438
KY
7/18/13

FREIGHT 31.17
TOTAL AMOUNT DUE 1,492.66

REMIT TO: BAKER & TAYLOR
P.O. BOX 277930
ATLANTA, GA 30384-7930
**NEW REMITTANCE ADDRESS**

PLEASE INDICATE INVOICE # ON YOUR REMITTANCE

APPROVED 07/22/13
LISA STOCK
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083159
Vendor Name: Baker & Taylor Books
Invoice Number: 5012662602
Invoice Date: 07/03/13
PO Number: B0326438
Check Number: 0124072
Check Amount: $ 8,826.28
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220733
Document Type: AP Invoice

Invoice Image Below
Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 1
Attachment File Type: PDF

Device Name: lrc-ps3
Device Location: OCC 135

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[attachment: img-718104930-0001.pdf]
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**BILL TO:**
- **ACCOUNT #:** 202807 C017269 3 000000
- **SAN #:** 012662602
- **NAME:** COLLEGE OF DUPAGE
- **ADDRESS:** CONTS ACCT-BD 518074
  SRC3646/3040 LIBRARY
  425 FAWELL BLVD
  GLEN ELLYN IL 60137-6599

**SHIP TO:**
- **ACCOUNT #:** 202807 C017269 3 000000
- **SAN #:** 012662602
- **NAME:** COLLEGE OF DUPAGE
- **ADDRESS:** CONTS ACCT-BD 518074
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  425 FAWELL BLVD
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**All claims must be made within 45 days of invoice. Return authorization required. Not responsible for goods sent uninsured.**

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**SUB TOTAL**
- **USD CURRENCY**
  - **326.03**

**OK TO PAY**
- **BO 326438**
- **KY**
- **7/18/13**

**TOTAL AMOUNT DUE**
- **555.75**

**REMIT TO:**
- **BAKER & TAYLOR**
  - **P.O. BOX 277930**
  - **ATLANTA, GA 30384-7930**

**PLEASE INDICATE INVOICE # ON YOUR REMITTANCE**
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083046
Vendor Name: BLR
Invoice Number: 8321220
Invoice Date: 07/02/13
PO Number: B0326433
Check Number: 0124084
Check Amount: $ 396.03
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220735
Document Type: AP Invoice

Invoice Image Below
From: lrc-ps3 <CODxerox@cod.edu>
Sent: Thu Jul 18 10:47:06 CDT 2013
To: invoicing@cod.edu
CC:
Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 1
Attachment File Type: PDF

Device Name: lrc-ps3
Device Location: OCC 135

For more information on Xerox products and solutions, please visit http://www.xerox.com/

[attachment: img-718104706-0001.pdf]
**Renewal Invoice**

```
Return this Renewal Notice with Your Payment

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<tr>
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<th>PRODUCT/RATE</th>
<th>DESCRIPTION</th>
<th>EXTENSION</th>
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<td>BLR's Job Descriptions Encyclopedia</td>
<td>$396.03</td>
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**ADVANCE RENEWAL NOTICE**

Renew Early, Lock in LOWEST Price

Employee Lawsuits are costly! The number of cases are on the rise — don't risk getting hit. You can avoid the cost of litigation by staying current with changing employment laws and HR best practices. Be sure your company follows proven practices and the law every day with continued access to critical compliance / training information.

Lock your subscription for an additional 12 months.

Guarantee your peace of mind with uninterrupted service and the ability to stay up to date with policies and practices that you have come to rely on.

Don't Delay — Renew Today!

Offer expires August 30, 2013!

**TERMS:** NET 30 DAYS

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<th>SUBTOTAL</th>
<th>SALES TAX</th>
<th>TOTAL</th>
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<td>$396.03</td>
<td>$0.00</td>
<td>$396.03</td>
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</tbody>
</table>

**Federal ID # 27-4757403**

**CHANGE OF ADDRESS:**

Please make address corrections on remittance copy

**PLEASE PAY THIS AMOUNT**
Drawer: Accounts Payable - Invoices
Vendor Number: 1293721
Vendor Name: Bna Books (the Bureau of Natio
Invoice Number: 3975336
Invoice Date: 07/03/13
PO Number: P0326102
Check Number: 0124085
Check Amount: $ 166.15
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220739
Document Type: AP Invoice

Invoice Image Below
From: lrc-ps3 <CODxerox@cod.edu>
Sent: Thu Jul 18 09:55:59 CDT 2013
To: invoicing@cod.edu
CC: rossetti@cod.edu
Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 1
Attachment File Type: PDF

Device Name: lrc-ps3
Device Location: OCC 135

For more information on Xerox products and solutions, please visit http://www.xerox.com/

[attachment: img-718095559-0001.pdf]
Bill To: 317572
COLLEGE OF DUPAGE
CINDI ROSSETTI
LIBRARY
425 FAWE LL BLVD
SRC 3040
GLEN E LLYN, IL 60137

Ship To: 317572
COLLEGE OF DUPAGE
CINDI ROSSETTI
LIBRARY
425 FAWE LL BLVD
SRC 3040
GLEN E LLYN, IL 60137

<table>
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<tr>
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<td>FAX CONV</td>
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<td>Aug-02-2013</td>
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<td>9781617463174</td>
<td>$180.00</td>
<td>20.00%</td>
<td>$144.00</td>
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</table>

Amount due includes tax, shipping and handling $166.15


Returns Address: Bloomberg BNA, Book Division, 30 Mayfield Ave, Edison, NJ 08837-3821

Go to www.bna.com/bnabooks/payment to pay this invoice with a credit card. Please make your check payable to BNA or The Bureau of National Affairs, Inc.

<table>
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<th>Total Units</th>
<th>Ship/Hand</th>
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<td>$22.15</td>
<td>$0.00</td>
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</tbody>
</table>

Invoice Total: $166.15
Payment Applied: $0.00
Amount Due: $166.15

Returns Address: Bloomberg BNA, BOOK DIVISION, 30 MAYFIELD AVE, EDISON, NJ 08837-3821

Bill Acct #: 317572
Invoice #: 3975336
Invoice Date: Jul-03-2013
Purchase Order Number: 630104
Amount Due: $166.15
Due Date: Aug-02-2013

Please Return This Portion to Bloomberg BNA, Book Division. Pay Only The Amount Shown in Amount Due.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1271418
Vendor Name: Bookwear Field Crafts, Inc.
Invoice Number: 040359
Invoice Date: 06/07/13
PO Number: P0324817
Check Number: E0021316
Check Amount: $ 6,184.23
Check Date: 07/24/2013
Department ID: 00819
Reviewer Name: None
Voucher Number: V0220429
Document Type: AP Invoice

Invoice Image Below
Field Crafts, Inc.  
dba / BookWear 231.325.1122  
9930 Honor Highway  
Honor MI 49640  

Territory: IL  
Sales Person: HED  
00000  

Sold to:  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599  

INVOICE: #040359  
06/07/13  
Page: 1  

Account No: 06585  
Order No: 064748  
P.O. No: 324817  
Department: ACR09  
Ref: BW  
Order Date: 05/06/13  
Shipped: 06/07/13  
Terms: NET 30  

Ship to:  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599  

Contact: KRISTINA HENDERSON  
Ph: (630)942-2510  
Notes: UPS GROUND  

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<th>DESCRIPTION</th>
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<td>TE5005</td>
<td>WHI S81139 SM</td>
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<td>5.650</td>
<td>1717.60</td>
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<td>300</td>
<td>TE5006</td>
<td>WHI S81139 MD</td>
<td>GILDAN 5.50 Oz 100%/COLLEGE OF DU PAGE</td>
<td>5.650</td>
<td>1695.00</td>
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<td>100</td>
<td>TE5007</td>
<td>WHI S81139 XL</td>
<td>GILDAN 5.50 Oz 100%/COLLEGE OF DU PAGE</td>
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<td>TE5008</td>
<td>WHI S81139 XXL</td>
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<td>7.650</td>
<td>749.70</td>
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<td>200</td>
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<td>WHI S81139 LG</td>
<td>YOUTH TEE'S/COLLEGE OF DU PAGE</td>
<td>5.650</td>
<td>1130.00</td>
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SUBTOTAL: 5862.95  
OPT. CHARGE: 55.00  
SHIPPING COST: 266.28  
TOTAL: 6184.23  

Payment Due By 07/07/2013  

Thank you for your order - it is a pleasure doing business with you!  

RETURNS or CREDIT CLAIMS: Defective or missing merchandise must be reported within 10 days of receipt of the order. Please call 231-325-1123 or fax the information to 231-325-1123.  

All returned checks will be subject to a $25.00 service charge. A finance charge of 1.25% per month will be assessed on unpaid balances beyond established terms.  

CUSTOMER GOODS: A $3.00 per box handling charge will be charged for handling of customer goods.  

2011: The Cotton Market is facing increases due to floods - less planting, cotton harvest was 16 million bales short for world demand.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1185714
Vendor Name: Calumet Photographic Inc-Oak B
Invoice Number: 704
Invoice Date: 06/27/13
PO Number: P0325941
Check Number: 0124093
Check Amount: $4,914.21
Check Date: 07/25/2013
Department ID: 00353
Reviewer Name: None
Voucher Number: V0218591
Document Type: AP Invoice

Invoice Image Below
Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Sent by: FAA
Number of Images: 3
Attachment File Type: PDF

Device Name: con-ed-ps2
Device Location: K-151Q

For more information on Xerox products and solutions, please visit http://www.xerox.com/

[attachment: img-701135119-0001.pdf]
** Order was Emailed on 06/27/13 at 14:07 **

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RECEIVED 6.27.13

Frank M. Jackowiak

6/29/17
Calumet Oak Brook  
1600 W 16th Street  
Oak Brook, IL 60523  

Phone #: 630-860-7458

Bill To:  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
ACCOUNTS PAYABLE, SRC2049  
GLEN ELlyn, IL 60137-6708

Ship To:  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
SHIPPING & RECEIVING  
FRANK JACKOWIAK  
GLEN ELlyn IL 60137

INVOICE# DATE ORDER# DATE CUST.# CUSTOMER P.O. # TERMS SALESperson
704 06/27/13 852 06/27/13 500445 JACKOWIAK NET 30 BS1 
WILL CALL

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Subtotal                                              5314.21
Q09 CN LMS/SPDLITE 6/2-29 2013                         400.00CR

(Continued on Page 3)
Calumet Oak Brook
1600 W 16th Street
Oak Brook, IL 60523

Phone #: 630-860-7458

Bill To:
COLLEGE OF DUPAGE
425 FAWELL BLVD
ACCOUNTS PAYABLE, SRC2049
GLEN ELlyn, IL 60137-6708

Ship To:
COLLEGE OF DUPAGE
425 FAWELL BLVD
SHIPPING & RECEIVING
FRANK JACKOWIAK
GLEN ELLYN IL 60137

INVOICE# DATE ORDER# DATE CUST.# CUSTOMER P.O. # TERMS SALESPERSON
704 06/27/13 852 06/27/13 500445 JACKOWIAK NET 30 B51
WILL CALL

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** Order was EMAiled on 06/27/13 at 14:07 **

(Page 3)
Total Due On 07/27/13
From: con-ed-ps2 <CODxerox@cod.edu>
Sent: Mon Jul 01 14:51:36 CDT 2013
To: invoicing@cod.edu, kenny@cod.edu, walkerm@cod.edu
CC: jackowia@cod.edu
Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Sent by: FAA
Number of Images: 3
Attachment File Type: PDF

Device Name: con-ed-ps2
Device Location: K-151Q

For more information on Xerox products and solutions, please visit http://www.xerox.com/

[attachment: img-701135136-0001.pdf]
Calumet Oak Brook  
1600 W 16th Street  
Oak Brook, IL 60523  

INVOICE  P.O.  325942  

Phone #: 630-860-7458

Bill To:  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
ACCOUNTS PAYABLE, SRC2049  
GLEN ELlyn, IL 60137-6708

Ship To:  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
SHIPPING & RECEIVING  
FRANK JACKOWIAK  
GLEN ELlyn IL 60137

INVOICE#  DATE   ORDER#  DATE  Cust.#  CUSTOMER  P.O. #  TERMS  SALESPERSON
704 06/27/13  852 06/27/13  500445  JACKOWIAK  NET 30  B51

WILL CALL

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(Continued on Page 2)

** Order was EMAiled on 06/27/13 at 13:52 **

Received 6.27-13

FRANK M. JACKOWIAK

EX 2917
Calumet Oak Brook
1600 W 16th Street
Oak Brook, IL 60523

Phone #: 630-860-7458

Bill To:       Ship To:
COLLEGE OF DUPAGE  COLLEGE OF DUPAGE
425 FAWELL BLVD   425 FAWELL BLVD
ACCOUNTS PAYABLE, SRC2049  SHIPPING & RECEIVING
GLEN ELLYN, IL 60137-6708  FRANK JACKOWIAK
                      GLEN ELLYN IL 60137

INVOICE#  DATE  ORDER#  DATE  CUST.#  CUSTOMER  P.O. #  TERMS  SALESPERSON
704  06/27/13  852  06/27/13  500445  JACKOWIAK  NET 30  B51
WILL CALL

<table>
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<td></td>
<td></td>
</tr>
<tr>
<td>NT21277</td>
<td>70-200MM F/4G ED VR AF-S W LENS CAP HOOD CASE</td>
<td>1</td>
<td>1399.95</td>
<td>1399.95</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2202 NIKON 162548</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Serial Numbers: 86002209</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

(Continued on Page 3)

** Order was EMAiled on 06/27/13 at 13:52 **
Calumet Oak Brook  
1600 W 16th Street  
Oak Brook, IL 60523

Phone #: 630-860-7458

<table>
<thead>
<tr>
<th>STOCK #</th>
<th>DESCRIPTION</th>
<th>U/M</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SF62101</td>
<td>MULTI-COAT UV 62MM</td>
<td>EA</td>
<td>2</td>
<td>29.99</td>
<td>59.98</td>
</tr>
<tr>
<td>SF52001</td>
<td>TRADITIONAL UV 52MM</td>
<td>EA</td>
<td>2</td>
<td>8.99</td>
<td>17.98</td>
</tr>
<tr>
<td>SF72101</td>
<td>MULTI-COAT UV 72MM</td>
<td>EA</td>
<td>1</td>
<td>42.74</td>
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</tr>
<tr>
<td>HF67204</td>
<td>67MM UV MC CAL FLTR</td>
<td>EA</td>
<td>1</td>
<td>42.74</td>
<td>42.74</td>
</tr>
<tr>
<td></td>
<td>CALUMET MULTI COATED FILTER</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>67MM UV 15146</td>
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<td></td>
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<tr>
<td>NT2139</td>
<td>12-24MM F4G IF-ED AP-S DX</td>
<td>EA</td>
<td>1</td>
<td>1114.00</td>
<td>1114.00</td>
</tr>
<tr>
<td></td>
<td>W/HE-23 HOOD FILTER-77MM</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>2144 162548 NIKON MAP</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Serial Numbers: 382468</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subtotal: 4911.29
Total Due On 07/27/13: 4911.29

** Order was Emailed on 06/27/13 at 13:52 **
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083835
Vendor Name: Carlson Paint, Glass and
Invoice Number: 5/3/13
Invoice Date: 05/03/13
PO Number:
Check Number: E0021319
Check Amount: $ 13.50
Check Date: 07/24/2013
Department ID: 00785
Reviewer Name: None
Voucher Number: V0216220
Document Type: AP Invoice

Invoice Image Below
<table>
<thead>
<tr>
<th>Customer's Order No.</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5-3-13</td>
</tr>
</tbody>
</table>

Sold to: College of Pharmacy

Address: President's Office

City:  

Sold by:  

Cash:  

C.O.D:  

Charge: ✓  

Deliver:  

Will Call:  

Account No:  

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description</th>
<th>Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Framing 148783</td>
<td></td>
<td>13.50</td>
</tr>
</tbody>
</table>

Tax:  

Total: 13.50

Thank You In case of claims or returned goods please present this bill.

No. W-14918

Received by:  

Approved: 07/15/13  
Mary Ann Millush
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083293
Vendor Name: Carolina Biological
Invoice Number: 48426722 RI
Invoice Date: 06/04/13
PO Number: P0324852
Check Number: E0020953
Check Amount: $ 60.70
Check Date: 07/10/2013
Department ID: 00261
Reviewer Name: None
Voucher Number: V0217604
Document Type: AP Invoice

Invoice Image Below
**INVOICE**

<table>
<thead>
<tr>
<th>Invoice Number</th>
<th>48426722 RI</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Number</td>
<td>324852</td>
</tr>
<tr>
<td>Invoice Date</td>
<td>06/04/13</td>
</tr>
<tr>
<td>Shipping Terms</td>
<td>FOB: SHIPPING POINT</td>
</tr>
<tr>
<td>Sales Order Number</td>
<td>5382134 SO</td>
</tr>
<tr>
<td>Sales Order Date</td>
<td>05/08/13</td>
</tr>
<tr>
<td>Payment Terms</td>
<td>NET 30 **</td>
</tr>
</tbody>
</table>

Please Pay This Amount: $ 60.70

**Bill To:** 130779  
COLLEGE OF DUPAGE  
CMTY CLG DIST 502  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6708

**Ship To:** 2807644  
JANET MINTON  
SHIPPING AND RECEIVING  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6708

<table>
<thead>
<tr>
<th>Line #</th>
<th>Catalog #</th>
<th>Description</th>
<th>Shipped</th>
<th>Backordered</th>
<th>U/M</th>
<th>Unit Price</th>
<th>Extended Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>131554</td>
<td>PROTOZOA, PARAMECIUM</td>
<td>3</td>
<td></td>
<td>EA</td>
<td>6.98</td>
<td>20.94</td>
</tr>
<tr>
<td>2</td>
<td>131788</td>
<td>PROTOZOA, EUGLENA JAR CULTURE</td>
<td>3</td>
<td></td>
<td>EA</td>
<td>6.98</td>
<td>20.94</td>
</tr>
</tbody>
</table>

**Sub Total**  | 41.88
**Freight & Handling**  | 18.82
**Sales Tax**  | 0.00
**Invoice Total**  | 60.70
**Less Payments**  | 0.00
**Amount Due**  | $ 60.70

---

APPROVED 06/24/13  
KAREN SOLT

If you have a concern regarding your invoice, please contact a Customer Service Representative at (800) 334-5551 within 3 days of receipt.

We Truly Appreciate Your Business. Thank you!
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083871
Vendor Name: Castle-Printech Inc.
Invoice Number: 14024
Invoice Date: 05/02/13
PO Number: B0321652
Check Number: E0021320
Check Amount: $1,025.00
Check Date: 07/24/2013
Department ID: 12541
Reviewer Name: None
Voucher Number: V0218608
Document Type: AP Invoice

Invoice Image Below
<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,000</td>
<td>Tabloid, 20 Pages</td>
<td>$825.00</td>
</tr>
<tr>
<td>1</td>
<td>Additional Plate of Process Color</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

Total $1,025.00

Pmts/Credits $0.00
Balance Due $1,025.00
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1221283
Vendor Name: Charnstrom
Invoice Number: 35177-00
Invoice Date: 06/05/13
PO Number: P0325407
Check Number: E0021321
Check Amount: $157.87
Check Date: 07/24/2013
Department ID: 00421
Reviewer Name: None
Voucher Number: V0216272
Document Type: AP Invoice

Invoice Image Below
### Invoice Details

**INVOICE NUMBER:** 35177-00

**INVOICE TOTAL:** $157.87

**SHIPPING VIA:** S/P PPD & ADD

**Terms:** Net 30

**Charge of 1.5% for overdue invoice:**

---

**CUST # 60CG4**

**COLLEGE OF DUPAGE**

**425 FAWELL BLVD**

**GLEN ELLYN IL 60137**

**ATTN: ACCOUNTS PAYABLE SRC2049**

**COLLEGE OF DUPAGE**

**WHSE MGR/SHPG & RCVG**

**425 FAWELL BLVD**

**GLEN ELLYN IL 60137**

**ATTN: CATHIE WALKER BIC 2616A**

**M/F: PO# 325407**

---

<table>
<thead>
<tr>
<th>INV. DATE</th>
<th>PURCHASE ORDER NO.</th>
<th>QTY</th>
<th>MODEL NO.</th>
<th>DESCRIPTION</th>
<th>QTY</th>
<th>B/O</th>
<th>PRICE</th>
<th>TOTAL PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/05/13</td>
<td>325407</td>
<td>5</td>
<td>L22</td>
<td>1/2&quot;X3&quot; REMOVABLE SHELF LABEL</td>
<td>0</td>
<td></td>
<td>29.95</td>
<td>149.75</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>FREIGHT/HANDLING/INSURANCE CHG</td>
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<td></td>
<td></td>
<td>FREIGHT: 8.12</td>
</tr>
</tbody>
</table>

**VISIT OUR WEB SITE**

www.charnstrom.com

---

**APPROVED 06/24**

JEAN KARTJE  DANIEL LLOYD

---

**TO ENSURE PROPER CREDIT, PLEASE RETURN THIS PORTION WITH YOUR PAYMENT - CHECK PAYABLE TO CHARNSTROM**

**CUSTOMER NUMBER:** 60CG4

**CHECK NUMBER:** 157,87

**AMOUNT DUE:** 157.87

**INVOICE NUMBER:** 35177-00

---

If payment is not in full please explain:

_________________________________________________________________________________________

_________________________________________________________________________________________
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1239318
Vendor Name: Chemcraft Industries
Invoice Number: 214006 1
Invoice Date: 06/13/13
PO Number: B0321351
Check Number: 0124104
Check Amount: $ 835.80
Check Date: 07/25/2013
Department ID: 00689
Reviewer Name: None
Voucher Number: V0220762
Document Type: AP Invoice

Invoice Image Below
<table>
<thead>
<tr>
<th>Description</th>
<th>Item Code</th>
<th>Ordered</th>
<th>Shipped</th>
<th>B/O</th>
<th>Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1209 Preserve 9&quot; 2-Ply Jr.</td>
<td>103340CASE</td>
<td>42</td>
<td>42</td>
<td>0</td>
<td>19.90</td>
<td>$835.80</td>
</tr>
</tbody>
</table>

A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts.

Merch Total: $835.80
Taxable Sales: $0.00
0.0% Sales Tax: $0.00
Ship/Handling: $0.00

On Line Web Based Ordering Is Now
Available-Call Michelle @ 773-929-6800

Salesman MARTY
Cust Acct COLLE100

Total Due: $835.80

APPROVED 07/22/13
JOEL GALLEGOS
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083444
Vendor Name: Computer Discount Warehouse
Invoice Number: CX73151
Invoice Date: 06/18/13
PO Number: P0325705
Check Number: E0021324
Check Amount: $167.55
Check Date: 07/24/2013
Department ID: 00037
Reviewer Name: None
Voucher Number: V0220006
Document Type: AP Invoice

Invoice Image Below
**INVOICE**

**CDW Government**
75 Remittance Drive, Suite 1515
Chicago, IL 60675-1515

**ACH INFORMATION:**
THE NORTHERN TRUST
50 SOUTH LASALLE STREET
CHICAGO, IL 60661

**INVOICE NUMBER** | **INVOICE DATE** | **CUSTOMER NUMBER**
--- | --- | ---
CX73151 | 06/18/13 | 186185

**SUBTOTAL** | **SHIPPING** | **SALES TAX**
$167.55 | $0.00 | $0.00

**DUE DATE** | **AMOUNT DUE**
07/18/13 | $167.55

---

**PLEASE RETURN THIS PORTION WITH YOUR PAYMENT**

**INVOICE DATE** | **INVOICE NUMBER** | **PAYMENT TERMS** | **DUE DATE**
--- | --- | --- | ---
06/18/13 | CX73151 | Net 30 Days | 07/18/13

**ORDER DATE** | **SHIP VIA** | **PURCHASE ORDER NUMBER** | **CUSTOMER NUMBER**
--- | --- | --- | ---
06/13/13 | Alt Local Chicago 1-2 days | 325705 | 186185

**ITEM NUMBER** | **DESCRIPTION** | **QTY ORD** | **QTY SHIP** | **QTY R/O** | **UNIT PRICE** | **TOTAL**
--- | --- | --- | --- | --- | --- | ---
2465154 | TARGUS WRLS BT KB F/TABLETS Manufacturer Part Number: AKB33US | 3 | 3 | 0 | 55.85 | 167.55

---

**APPROVED 07/22/13**

**JOHN KRONENBURGER**

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**ACCOUNT MANAGER**

ANDY AMORE
847-371-5523
andyamo@cdw.com

**SHIPPING ADDRESS:**
COLLEGE OF DUPAGE SHIPPING & RECEIPT
ATTN: SUSAN CABAY
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

**SALES ORDER NUMBER**
L399969

---

**SUBTOTAL** | **SHIPPING** | **SALES TAX** | **AMOUNT DUE**
--- | --- | --- | ---
$167.55 | $0.00 | $0.00 | $167.55

---

**HAVE QUESTIONS ABOUT YOUR ACCOUNT?**
**PLEASE EMAIL US AT credit@cdw.com**

**CDW GOVERNMENT**

ISO 9001 and ISO 14001 Certified
CDW GOVERNMENT FEIN 36-4230110

---

0001.0005
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083444
Vendor Name: Computer Discount Warehouse
Invoice Number: CZ30427
Invoice Date: 06/19/13
PO Number: B0319392
Check Number: E0021324
Check Amount: $ 5,057.25
Check Date: 07/24/2013
Department ID: 00433
Reviewer Name: None
Voucher Number: V0220693
Document Type: AP Invoice

Invoice Image Below
**CDW Government**
75 Remittance Drive, Suite 1515
Chicago, IL 60675-1515

**INVOICE**

<table>
<thead>
<tr>
<th>INVOICE NUMBER</th>
<th>INVOICE DATE</th>
<th>CUSTOMER NUMBER</th>
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</thead>
<tbody>
<tr>
<td>CZ30427</td>
<td>06/19/13</td>
<td>186185</td>
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</table>

<table>
<thead>
<tr>
<th>SUBTOTAL</th>
<th>SHIPPING</th>
<th>SALES TAX</th>
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</thead>
<tbody>
<tr>
<td>$37.87</td>
<td>$0.00</td>
<td>$0.00</td>
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<table>
<thead>
<tr>
<th>DUE DATE</th>
<th>AMOUNT DUE</th>
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</thead>
<tbody>
<tr>
<td>07/19/13</td>
<td>$37.87</td>
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</tbody>
</table>

**PLEASE RETURN THIS PORTION WITH YOUR PAYMENT**

<table>
<thead>
<tr>
<th>INVOICE DATE</th>
<th>INVOICE NUMBER</th>
<th>PAYMENT TERMS</th>
<th>DUE DATE</th>
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<tr>
<td>06/19/13</td>
<td>CZ30427</td>
<td>Net 30 Days</td>
<td>07/19/13</td>
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</tbody>
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<table>
<thead>
<tr>
<th>ORDER DATE</th>
<th>SHIP VIA</th>
<th>PURCHASE ORDER NUMBER</th>
<th>CUSTOMER NUMBER</th>
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<tbody>
<tr>
<td>06/19/13</td>
<td>FEDEX Ground</td>
<td>319352</td>
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<table>
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<tr>
<th>ITEM NUMBER</th>
<th>DESCRIPTION</th>
<th>QTY ORD</th>
<th>QTY SHIP</th>
<th>QTY BID</th>
<th>UNIT PRICE</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>183581</td>
<td>HP 76 INK COLOR</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>37.87</td>
<td>37.87</td>
</tr>
</tbody>
</table>

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**ACCOUNT MANAGER**
ANDY AMORE
847-371-5523
andyamo@cdw.com

**SHIPPING ADDRESS:**
COLLEGE OF DUPAGE
ATTN: KATHY COSENTINO
425 FAWELL BLVD
TECHNOLOGY EDUC, CTR, TEC 1034
GLEN ELLYN IL 60137-6599

**SALES ORDER NUMBER**
1BCDGRS

SUBTOTAL       $37.87
SHIPPING       $0.00
SALES TAX      $0.00
AMOUNT DUE     $37.87

CAGE CODE NUMBER 1KHT2
DUNS NUMBER 02-615-7235

HAVE QUESTIONS ABOUT YOUR ACCOUNT?
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CDW GOVERNMENT FEIN 36-4230110

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Page 1 of 1
Invoice Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1083444  
Vendor Name: Computer Discount Warehouse  
Invoice Number: CW48013  
Invoice Date: 06/13/13  
PO Number: P0325705  
Check Number: E0021324  
Check Amount: $ 5,057.25  
Check Date: 07/24/2013  
Department ID: 00037  
Reviewer Name:  
Voucher Number: V0220680  
Document Type: AP Invoice-3 Way/Pre-Approved  

Invoice Image Below
**INVOICE**

**CDW Government**
75 Remittance Drive, Suite 1515
Chicago, IL 60675-1515

**RETURN SERVICE REQUESTED**

**ACH INFORMATION:**
THE NORTHERN TRUST
59 SOUTH LASALLE STREET
CHICAGO, IL 60678

**INVOICE NUMBER:** CW48013  **INVOICE DATE:** 06/13/13  **CUSTOMER NUMBER:** 186185

<table>
<thead>
<tr>
<th>INVOICE NUMBER</th>
<th>INVOICE DATE</th>
<th>CUSTOMER NUMBER</th>
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</thead>
<tbody>
<tr>
<td>CW48013</td>
<td>06/13/13</td>
<td>186185</td>
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<table>
<thead>
<tr>
<th>SUBTOTAL</th>
<th>SHIPPING</th>
<th>SALES TAX</th>
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</thead>
<tbody>
<tr>
<td>$1,392.68</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**DUE DATE** 07/13/13  **AMOUNT DUE** $1,392.68

---

**COLLEGE OF DUPAGE**
ACCTS PAYABLE
SRC 2155
425 FAWELL BLVD
GLEN ELlyn IL 60137-6599

---

**PLEASE RETURN THIS PORTION WITH YOUR PAYMENT**

<table>
<thead>
<tr>
<th>INVOICE DATE</th>
<th>INVOICE NUMBER</th>
<th>PAYMENT TERMS</th>
<th>DUE DATE</th>
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<tr>
<td>06/13/13</td>
<td>CW48013</td>
<td>Net 30 Days</td>
<td>07/13/13</td>
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<table>
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<tr>
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<th>SHIP VIA</th>
<th>PURCHASE ORDER NUMBER</th>
<th>CUSTOMER NUMBER</th>
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</thead>
<tbody>
<tr>
<td>06/13/13</td>
<td>AIT Local Chicago 1-2 days</td>
<td>325705</td>
<td>186185</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM NUMBER</th>
<th>DESCRIPTION</th>
<th>QTY</th>
<th>QTY</th>
<th>QTY</th>
<th>UNIT PRICE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2416274</td>
<td>LOGI HD C815 WEBCAM Manufacturer Part Number: 960-000733</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>64.04</td>
<td>192.12</td>
</tr>
<tr>
<td>2455612</td>
<td>LG 47LK451C 47 WIDE LCD TV TAA Manufacturer Part Number: 47Lk451C Serial No: 208RMHR85705 Serial No: 210RMCJ77035</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>600.28</td>
<td>1,200.56</td>
</tr>
</tbody>
</table>

---

**3 WAY MATCH**

---

**GO GREEN!**

CDW is happy to announce that paperless billing is now available! If you would like to start receiving your invoices as an emailed PDF, please email CDW at paperlessbilling@cdw.com. Please include your Customer number or an Invoice number in your email for faster processing.

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---

**ACCOUNT MANAGER**
ANDY AMORE
847-371-5523
andy amore@cdw.com

**SHIPPING ADDRESS:**
COLLEGE OF DUPAGE SHIPPING & RECEIPT
ATTN: SUSAN CABAY
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

**SALES ORDER NUMBER**
L399969

---

<p>| | |</p>
<table>
<thead>
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<td>SALES TAX</td>
<td>$0.00</td>
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**Cage Code Number 1KHT72**
DUNS Number 02-615-7235
ISO 9001 and ISO 14001 Certified
CDW GOVERNMENT FEIN 36-4230110

---

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**VISIT US ON THE INTERNET AT www.cdwg.com**

---

Page 1 of 1
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083444
Vendor Name: Computer Discount Warehouse
Invoice Number: CW07793
Invoice Date: 06/13/13
PO Number: B0323770
Check Number: E0021324
Check Amount: $ 5,057.25
Check Date: 07/24/2013
Department ID: 15065
Reviewer Name: None
Voucher Number: V0220679
Document Type: AP Invoice

Invoice Image Below
**INVOICE**

CDW Government
75 Remittance Drive, Suite 1515
Chicago, IL 60675-1515

**REMIT PAYMENT TO:**
[CDW Government Details]

**ACH INFORMATION:**
THE NORTHERN TRUST
50 SOUTH LASALLE STREET
CHICAGO, IL 60602

E-mail Remittance To: gachremittance@cdw.com
Routing No: 071000152
Account No: 94077

---

**INVOICE NUMBER**
CW07793

**INVOICE DATE**
06/13/13

**CUSTOMER NUMBER**
186185

**SUBTOTAL**
$143.05

**SHIPPING**
$0.00

**SALES TAX**
$0.00

**DUE DATE**
07/13/13

**AMOUNT DUE**
$143.05

---

**COLLEGE OF DUPAGE**
ACCTS PAYABLE
SRC 2155
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

---

**INVOICE DATE**
06/13/13

**INVOICE NUMBER**
CW07793

**PAYMENT TERMS**
Net 30 Days

**DUE DATE**
07/13/13

**ORDER DATE**
06/13/13

**SHIP VIA**
FEDEX Ground

**PURCHASE ORDER NUMBER**
323770

**CUSTOMER NUMBER**
186185

---

**ITEM NUMBER**
2177696

**DESCRIPTION**
VERB USB FLASH DRIVE 4GB BLUE
Manufacturer Part Number: 97087

**QUANTITY**
3

**UNIT PRICE**
7.25

**TOTAL**
21.75

---

**ITEM NUMBER**
2429821

**DESCRIPTION**
LOGI WRLS MOU M185 SWIFT GRY
Manufacturer Part Number: 910-002225

**QUANTITY**
1

**UNIT PRICE**
24.43

**TOTAL**
24.43

---

**ITEM NUMBER**
2166008

**DESCRIPTION**
LOGI WRLS MK320 OPT COMBO
Manufacturer Part Number: 920-002836

**QUANTITY**
3

**UNIT PRICE**
32.29

**TOTAL**
96.87

---

**APPROVED 07/18/13**
DIANE SZAKONYI

---

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---

**ACCOUNT MANAGER**
ANDY AMORE
847-371-5523
andyamo@cdw.com

**SHIPPING ADDRESS**
COLLEGE OF DUPAGE
CINDY YEARMAN
425 FAWELL
SHIP & REC.
GLEN ELLYN IL 60137-6599

**SALES ORDER NUMBER**
DMSR271

---

**SUBTOTAL**
$143.05

**SHIPPING**
$0.00

**SALES TAX**
$0.00

**AMOUNT DUE**
$143.05

---

CDW Government
ISO 9001 and ISO 14001 Certified
CAGE Code Number 1KH72
DUNS Number 02-615-7235

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Visit us on the Internet at www.cdw.com
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083444
Vendor Name: Computer Discount Warehouse
Invoice Number: C506375
Invoice Date: 06/07/13
PO Number: B0323770
Check Number: E0021324
Check Amount: $ 5,057.25
Check Date: 07/24/2013
Department ID: 15065
Reviewer Name: None
Voucher Number: V0220774
Document Type: AP Invoice

Invoice Image Below
CDW Government
75 Remittance Drive, Suite 1515
Chicago, IL 60675-1515

INVOICE

REMIT PAYMENT TO: ____________________________

CDW Government
75 Remittance Drive
Suite 1515
Chicago, IL 60675-1515

INVOICE NUMBER: CT06375
INVOICE DATE: 06/07/13
SUBTOTAL: $139.49
SALES TAX: $0.00
DUE DATE: 07/07/13
AMOUNT DUE: $139.49

ITEM NUMBER DESCRIPTION QTY GRD QTY SHIP QTY BID UNIT PRICE TOTAL
530924 XEROX PHASER 3450 TONER BLK Manufacturer Part Number: 106R00687 2 1 1 139.49 139.49

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

INVOICE DATE INVOICE NUMBER PAYMENT TERMS DUE DATE
06/07/13 CT06375 Net 30 Days 07/07/13

ORDER DATE 06/03/13
SHIP VIA NITE MOVES MESSENGER
PURCHASE ORDER NUMBER 323770
CUSTOMER NUMBER 186185

ACCOUNT MANAGER ANDY AMORE
847-371-5523 andyamo@cdw.com

SALES ORDER NUMBER DMHH474

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ACCOUNT MANAGER: ____________________________
SHIPPING ADDRESS: COLLEGE OF DUPAGE
CINDY YEARMAN SRC 2102
425 FAWELL
SHIP & REC.
GLEN ELlyn il 60137-6599

PAYMENT TERMS: Net 30 Days
DUE DATE: 07/07/13
AMOUNT DUE: $139.49

CDW is ISO 9001, ISO 14001 Certified
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Diane Szakonyi
Approved 07/22/13

CAGE Code Number 1KH72
DUNS Number 02-615-7235

Page 1 of 1

0002.0005
Drawer: Accounts Payable - Invoices
Vendor Number: 1083444
Vendor Name: Computer Discount Warehouse
Invoice Number: CT8428
Invoice Date: 06/11/13
PO Number: P0325471
Check Number: E0021324
Check Amount: $ 5,057.25
Check Date: 07/24/2013
Department ID: 00217
Reviewer Name:
Voucher Number: V0220769
Document Type: AP Invoice-3 Way/Pre-Approved

Invoice Image Below
CDW Government
75 Remittance Drive, Suite 1515
Chicago, IL 60675-1515

INVOICE

INVOICE NUMBER: CT84528
INVOICE DATE: 06/11/13
CUSTOMER NUMBER: 186185

SUBTOTAL: $755.99
SHIPPING: $0.00
SALES TAX: $0.00

DUE DATE: 07/11/13
AMOUNT DUE: $755.99

CDW Government
75 Remittance Drive
Suite 1515
Chicago, IL 60675-1515

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

INVOICE DATE
06/11/13

INVOICE NUMBER
CT84528

PAYMENT TERMS
Net 30 Days

DUE DATE
07/11/13

ORDER DATE
06/03/13

SHIP VIA
FEDEX Ground

PURCHASE ORDER NUMBER
325471

CUSTOMER NUMBER
186185

ITEM NUMBER
2540212

DESCRIPTION
HP OFFICEJET PRO X576DW MFP
Manufacturer Part Number: CN598A#B1H
Serial No: CN356DJ0HN

QTY
1

UNIT PRICE
755.99

TOTAL
755.99

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ACCOUNT MANAGER
ANDY AMORE
847-371-5523
andyamo@cdw.com

SALES ORDER NUMBER
L168425

COLLEGE OF DUPAGE SHIPPING & RECEIPT
ATTN: HSC COLLEEN PROLA
425 FAWELL BLVD
GLEN ELlyn IL 60137-6708

SHIPPING ADDRESS:

SUBTOTAL
$755.99

SHIPPING
$0.00

SALES TAX
$0.00

AMOUNT DUE
$755.99

CAGE CODE NUMBER 1KH72
DUNS NUMBER 02-615-7235
ISO 9001 and ISO 14001 Certified
CDW GOVERNMENT FEIN 36-4205110

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Page 1 of 1
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083444
Vendor Name: Computer Discount Warehouse
Invoice Number: CT69908
Invoice Date: 06/10/13
PO Number: P0325636
Check Number: E0021324
Check Amount: $5,057.25
Check Date: 07/24/2013
Department ID: 11001
Reviewer Name:
Voucher Number: V0220767
Document Type: AP Invoice-3 Way/Pre-Approved

Invoice Image Below
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<tr>
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<td>HP 90 INK HI YLD BLK</td>
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<td>0</td>
<td>149.25</td>
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**ACCOUNT MANAGER**

ANDY AMORE  
847-371-5523  
andyamo@cdw.com

**SALES ORDER NUMBER**

L327025

**SHIPPING ADDRESS:**

COLLEGE OF DUPAGE SHIPPING & RECEIPT  
ATTN: ELLEN MCGOWAN OCC 146A  
425 FAWELL BLVD  
GLEN ELlyn IL 60137-6708

**SUBTOTAL**

$149.25

**AMOUNT DUE**

$149.25

**CONTACT INFORMATION:**

CDW GOVERNMENT  
75 Remittance Drive, Suite 1515  
Chicago, IL 60675-1515  
E-mail Remittance To: gachremittance@cdw.com  
Routing No.: 071000152  
Account Name: CDW GOVERNMENT  
Account #: 91057

**INVOICE NUMBER**

CT69908

**INVOICE DATE**

06/10/13

**DUE DATE**

07/10/13

**AMOUNT DUE**

$149.25
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083444
Vendor Name: Computer Discount Warehouse
Invoice Number: CV50864
Invoice Date: 06/12/13
PO Number: P0325636
Check Number: E0021324
Check Amount: $ 5,057.25
Check Date: 07/24/2013
Department ID: 11001
Reviewer Name: None
Voucher Number: V0220534
Document Type: AP Invoice

Invoice Image Below
# INVOICE

**CDW Government**  
75 Remittance Drive, Suite 1515  
Chicago, IL 60675-1515

**RETURN SERVICE REQUESTED**

**INVOICE**

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<tbody>
<tr>
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<td>166185</td>
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**SUBTOTAL**  
$396.72

**SHIPPING**  
$0.00

**SALES TAX**  
$0.00

**DUE DATE**  
07/12/13

**AMOUNT DUE**  
$396.72

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**PLEASE RETURN THIS PORTION WITH YOUR PAYMENT**

**INVOICE DATE**  
06/12/13

**INVOICE NUMBER**  
CV50864

**PAYMENT TERMS**  
Net 30 Days

**DUE DATE**  
07/12/13

**ORDER DATE**  
06/10/13

**SHIP VIA**  
FEDEX Ground

**PURCHASE ORDER NUMBER**  
325636

**CUSTOMER NUMBER**  
166185

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<th>QTY BIO</th>
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Manufacturer Part Number: C5062A | 1   | 1       | 0       | 132.24     | 132.24 |
| 758351     | HP 90 INK YELLOW  
Manufacturer Part Number: C5064A | 1   | 1       | 0       | 132.24     | 132.24 |
| 758348     | HP 90 INK CYAN  
Manufacturer Part Number: C5060A | 1   | 1       | 0       | 132.24     | 132.24 |

---

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---

**ACCOUNT MANAGER**  
ANDY AMORE  
847-571-5523  
andyamo@cdw.com

**SALES ORDER NUMBER**  
L327025

---

**SHIPPING ADDRESS:**  
COLLEGE OF DUPAGE SHIPPING & RECEI  
ATTN: ELLEN MCGOWAN OCE145A  
425 FAWELL BLVD  
GLEN ELYNN IL 60137-6708

---

**SUBTOTAL**  
$396.72

**SHIPPING**  
$0.00

**SALES TAX**  
$0.00

**AMOUNT DUE**  
$396.72

---

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**Cage Code Number 1KH72**  
DUNS Number 02-615-7235  
ISO 9001 and ISO 14001 Certified  
CDW GOVERNMENT FEIN 36-4230110

---

**Page 1 of 1**
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083444
Vendor Name: Computer Discount Warehouse
Invoice Number: CV62577
Invoice Date: 06/12/13
PO Number: B0323770
Check Number: E0021324
Check Amount: $5,057.25
Check Date: 07/24/2013
Department ID: 15065
Reviewer Name: None
Voucher Number: V0220532
Document Type: AP Invoice

Invoice Image Below
**INVOICE**

**CDW Government**
75 Remittance Drive, Suite 1515
Chicago, IL, 60675-1515

**ACCT PAYABLE**
IT, SRC 2151
425 Fawell Blvd
Glen Ellyn IL 60137-6599

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**PLEASE RETURN THIS PORTION WITH YOUR PAYMENT**

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<td>Net 30 Days</td>
<td>07/12/13</td>
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**ORDER DATE:** 05/30/13  
**SHIP VIA:** FEDEX Ground  
**PURCHASE ORDER NUMBER:** 323770  
**CUSTOMER NUMBER:** 166185

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<th>QTY BIO</th>
<th>UNIT PRICE</th>
<th>TOTAL</th>
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</table>
| 1676816     | XEROX 6280 BLACK PRINT CARTRIDGE  
Manufacturer Part Number: 106R01391 | 1        | 1        | 0       | 103.49     | 103.49 |

**AMOUNT DUE:** $103.49

---

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**ACCOUNT MANAGER:** ANDY AMORE  
847-371-5523  
andyamo@cdw.com

**SHIPPING ADDRESS:** COLLEGE OF DUPAGE  
CINDY YEARMAN  
425 Fawell  
SHIP & REC.  
GLEN ELLYN IL 60137-6599

**SALES ORDER NUMBER:** DMFH644

**SUBTOTAL:** $103.49  
**SHIPPING:** $0.00  
**SALES TAX:** $0.00  
**AMOUNT DUE:** $103.49

---

**APPROVED 07/17/13**

**DIANE SZAKONYI**
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083444
Vendor Name: Computer Discount Warehouse
Invoice Number: CV08767
Invoice Date: 06/11/13
PO Number: B0317720
Check Number: E0021324
Check Amount: $ 5,057.25
Check Date: 07/24/2013
Department ID: 16765
Reviewer Name: None
Voucher Number: V0220503
Document Type: AP Invoice

Invoice Image Below
INVOICE

CDW Government
75 Remittance Drive, Suite 1515
Chicago, IL 60675-1515

RETURN SERVICE REQUESTED

INVOICE NUMBER: CV08767
INVOICE DATE: 06/11/13
CUSTOMER NUMBER: 186185

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<td>188.99</td>
</tr>
</tbody>
</table>

DUE DATE: 07/11/13

AMOUNT DUE: $377.98

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

ACCOUNT MANAGER: ANDY AMORE
847-371-6523
andyamo@cdw.com

SALES ORDER NUMBER: DMRC205

SHIPPING ADDRESS:
COLLEGE OF DUPAGE
LOUISE TANNURA
425 FAWELL BLVD
INFORMATION TECHNOLOGY, SRC 2151
GLEN ELlyn IL 60137-6599

SUBTOTAL: $377.98
SHIPPING: $0.00
SALES TAX: $0.00
AMOUNT DUE: $377.98

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APPROVED 07/17/13
KEITH ZEITZ

E-mail Remittance To: gachremittance@cdw.com
ROUTEING NO.: 071000152
ACCOUNT NAME: CDW GOVERNMENT
ACCOUNT NO.: 91057

Cage Code Number 1KH72
DUNs Number 20-615-7235
ISO 9001 and ISO 14001 Certified
CDW GOVERNMENT FEIN 36-4230110

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0001:0002
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083444
Vendor Name: Computer Discount Warehouse
Invoice Number: CQ25547
Invoice Date: 06/03/13
PO Number: P0325438
Check Number: E0020956
Check Amount: $ 13,993.85
Check Date: 07/10/2013
Department ID: 11001
Reviewer Name: None
Voucher Number: V0217595
Document Type: AP Invoice

Invoice Image Below
**INVOICE**

**CDW Government**
75 Remittance Drive, Suite 1515
Chicago, IL 60675-1515

**INVOICE NUMBER**: CQ25547
**INVOICE DATE**: 06/03/13
**CUSTOMER NUMBER**: 186185

**SUBTOTAL**: $194.38
**SHIPPING**: $0.00
**SALES TAX**: $0.00

**DUE DATE**: 07/03/13
**AMOUNT DUE**: $194.38

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**PLEASE RETURN THIS PORTION WITH YOUR PAYMENT**

---

**CDW Government**
75 Remittance Drive
Suite 1515
Chicago, IL 60675-1515

**INVOICE NUMBER**

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**ORDER DATE**: 05/03/13

**SHIP VIA**: FEDEX Ground

**PURCHASE ORDER NUMBER**: 325438
**CUSTOMER NUMBER**: 186185

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**ITEM NUMBER**

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**QUANTITY**

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<td>2</td>
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---

**ACCOUNT MANAGER**

ANDY AMORE
847-371-5523
andyamo@cdw.com

**SALES ORDER NUMBER**
L118908

---

**SHIPPING ADDRESS**

COLLEGE OF DUPAGE SHIPPING & RECEIPTS
ATTN: ELLEN MCGOWAN OCC 142A
425 FAWELL BLVD
GLEN ELYN IL 60137-6708

---

**SUBTOTAL**: $194.38
**SHIPPING**: $0.00
**SALES TAX**: $0.00

**AMOUNT DUE**: $194.38

---

**CDW Government**
75 Remittance Drive
Suite 1515
Chicago, IL 60675-1515

**Cage Code Number 1KH72**
**DUNS Number 02-615-7235**

ISO 9001 and ISO 14001 Certified

CDW GOVERNMENT FEIN 36-4250110

---

**APPROVED 07/03/13**

ELLEN MCGOWAN

---

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**VISIT US ON THE INTERNET AT www.cdwg.com**

---

**0001:0001**
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083444
Vendor Name: Computer Discount Warehouse
Invoice Number: CN28113
Invoice Date: 05/28/13
PO Number: B0323770
Check Number: E0020956
Check Amount: $13,993.85
Check Date: 07/10/2013
Department ID: 15065
Reviewer Name: None
Voucher Number: V0217624
Document Type: AP Invoice

Invoice Image Below
**INVOICE**

CDW Government
75 Remittance Drive, Suite 1515
Chicago, IL 60675-1515

**RETURN SERVICE REQUESTED**

**ACH INFORMATION:**
THE NORTHERN TRUST
50 SOUTH LA SALLE STREET
CHICAGO, IL 60676

**INVOICE NUMBER** | **INVOICE DATE** | **CUSTOMER NUMBER**
--- | --- | ---
CN28113 | 05/28/13 | 186185

**SUBTOTAL** | **SHIPPING** | **SALES TAX**
--- | --- | ---
$240.67 | $0.00 | $0.00

---

**DUE DATE** | **AMOUNT DUE**
--- | ---
06/27/13 | $240.67

---

CDW Government
75 Remittance Drive
Suite 1515
Chicago, IL 60675-1515

**PLEASE RETURN THIS PORTION WITH YOUR PAYMENT**

<table>
<thead>
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<td>CN28113</td>
<td>Net 30 Days</td>
<td>06/27/13</td>
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**ORDER DATE** | **SHIP VIA** | **PURCHASE ORDER NUMBER** | **CUSTOMER NUMBER**
--- | --- | --- | ---
05/28/13 | FEDEX Ground | 323770 | 186185

**ITEM NUMBER** | **DESCRIPTION** | **QTY** | **QTY** | **QTY** | **UNIT PRICE** | **TOTAL**
--- | --- | --- | --- | --- | --- | ---
2166008 | LOGI WRLS MK320 OPT COMBO Manufacturer Part Number: 920-002836 | 7 | 7 | 0 | 32.29 | 226.03
1468028 | TRIPP 10IN 10PAK VELCRO CABLE TIES Manufacturer Part Number: P350-10N-10 | 1 | 1 | 0 | 4.40 | 4.40
512539 | BELKIN 6' USB A/A M/F EXT CABLE Manufacturer Part Number: F3U134806 | 2 | 2 | 0 | 5.12 | 10.24

---

**APPROVED 06/24/13 DIANE SZAKONYI**

---

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---

**ACCOUNT MANAGER**
ANDY AMORE
847-371-5523
andyamo@cdw.com

**SHIPPING ADDRESS:**
ACCOUNTS PAYABLE
CINDY YEARMAN
425 FAWELL BLVD
GLEN ELlyn IL 60137-6708

**SALES ORDER NUMBER**
DM6K419

---

**ACCOUNTS PAYABLE**

**CAGE CODE NUMBER**
1K72

**DUNS NUMBER**
02-615-7235

**ISO 9001 and ISO 14001 CERTIFIED**

**CDW GOVERNMENT FEIN**
36-4230110

**HAVE QUESTIONS ABOUT YOUR ACCOUNT? PLEASE EMAIL US AT credit@cdw.com**

**VISIT US ON THE INTERNET AT www.cdw.com**

Page 1 of 1
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083444
Vendor Name: Computer Discount Warehouse
Invoice Number: CM95110
Invoice Date: 05/28/13
PO Number: P0324800
Check Number: E0020956
Check Amount: $ 13,993.85
Check Date: 07/10/2013
Department ID: 00217
Reviewer Name: None
Voucher Number: V0217623
Document Type: AP Invoice

Invoice Image Below
### Invoice Details

**Company:** CDW Government  
**Address:** 75 Remittance Drive, Suite 1515, Chicago, IL 60675-1515

**Invoice Information:**
- **Invoice Number:** CM95110
- **Invoice Date:** 05/28/13
- **Customer Number:** 160185

**Order Details:**
- **Order Date:** 05/09/13  
- **Ship Via:** DROP SHIP GROUND  
- **Purchasing Order Number:** 324600  
- **Customer Number:** 160185

**Item Details:**

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<th>TOTAL</th>
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<td>383.12</td>
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<td>1604131</td>
<td>PREMIER MOUNT EXT BRACKETS 37-61</td>
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<td>0</td>
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**Total:** $489.79

**Due Date:** 06/27/13

**Payment Terms:** Net 30 Days

**Account Manager:**
- **Name:** ANDY AMORE  
- **Phone:** 847-371-5523  
- **Email:** andyamo@cdw.com

**Shipping Address:**
- **Name:** COLLEGE OF DUPAGE  
- **Address:** 425 FAWELL BLVD, IT, SRC 2151, GLEN ELlyn IL 60013-6599

**Sales Order Number:** DLCL026

---

**Green initiatives:**
- 

---

**Signature:** APPROVED 06/26/13  
**Signature:** KAREN SOLT
THE TERMS AND CONDITIONS ARE LIMITED TO TERMS CONTAINED HEREIN AND THE ADDITIONAL TERMS AND CONDITIONS CONTAINED IN THE TERMS AND CONDITIONS’ LINK AT WWW.GCM.COM INCORPORATED HEREIN BY REFERENCE. ANY ADDITIONAL OR DIFFERENT TERMS OR CONDITIONS IN ANY FORM RENDERED BY YOU (“CUSTOMER”) ARE HEREBY DISCLAIMED TO THE MATERIAL ALTERATIONS AND ADDITIONS TO THIS AGREEMENT; THE ADDITION OR REMOVAL OF THE NAME OF THE CUSTOMER IS NOT CONSIDERED TO BE A MATERIAL ALTERATION OR ADDITION.

IN ACCEPTING DELIVERY OF THE PRODUCTS OR SERVICES, THE CUSTOMER AGREES TO THE TERMS AND CONDITIONS OF THIS AGREEMENT. IN ORDER TO EFFECTUATE THE DELIVERY OF PRODUCTS OR SERVICES, CUSTOMER MUST SIGN AND RETURN THIS AGREEMENT TO SELLER, OR ELECTRONICALLY SIGN THIS AGREEMENT, AS APPROPRIATE.

Customer must make written notice to SELLER of any non-compliance with the Terms and Conditions or any breach of any of the representations or warranties contained herein. SELLER reserves the right to suspend or terminate its obligations under this Agreement, at its sole discretion, if Customer fails to comply with any of the terms or conditions of this Agreement or if Customer breaches any representation or warranty made by Customer in this Agreement.

Customer acknowledges and agrees that the SELLER and its representatives may monitor and record any communication or conversation between Customer and Seller representatives in the course of the performance of the Services agreed to by the parties. Customer further acknowledges that SELLER may use such communications or recordings for the purpose of improving the quality of its Services or for training or other purposes.

Customer represents and warrants that it has the necessary authority to enter into and perform under this Agreement and to grant the rights and licenses granted herein. Customer further represents and warrants that all information provided to SELLER is true, complete, and accurate.

Seller warrants to Customer that the Products and Services shall conform to the specifications and requirements agreed upon by the parties in writing. In the event of a breach of warranty, Seller shall, at its option, repair or replace the Products or Services or refund the purchase price.

Customer agrees to indemnify and hold SELLER harmless from any and all claims, suits, damages, judgments, or expenses arising from or in connection with Customer’s use of the Products or Services, including, but not limited to, any claims or suits arising from or in connection with Customer’s use of the Products or Services or any failure to comply with the terms and conditions of this Agreement.

Customer agrees to pay to SELLER a reasonable attorney’s fees and costs, if any, for any disputes arising out of or in connection with this Agreement.

This Agreement shall be governed by and construed in accordance with the laws of the State of California without giving effect to any conflict of law provisions thereof. This Agreement contains the entire understanding between the parties and supersedes all prior negotiations and representations between the parties. No amendment or modification of this Agreement shall be binding except as set forth in writing by both parties.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first written above.

[Signature]

[Signature]

[Name]

[Seller]

[Customer]

[Date]

[Date]
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083444
Vendor Name: Computer Discount Warehouse
Invoice Number: CP09596
Invoice Date: 05/30/13
PO Number: B0317768
Check Number: E0020956
Check Amount: $ 13,993.85
Check Date: 07/10/2013
Department ID: 16815
Reviewer Name: None
Voucher Number: V0217617
Document Type: AP Invoice

Invoice Image Below
**INVOICE**

**REMIT PAYMENT TO:**

CDW Government
75 Remittance Drive, Suite 1515
Chicago, IL 60675-1515

**ACH INFORMATION:**

E-mail Remittance To: gachremittance@cdw.com
Routing No.: 071000152
Account Name: CDW Government
Account No.: 91697

**INVOICE NUMBER** | **INVOICE DATE** | **CUSTOMER NUMBER**
--- | --- | ---
CP05956 | 05/30/13 | 186185

**SUBTOTAL** | **SHIPPING** | **SALES TAX**
--- | --- | ---
$34.39 | $0.00 | $0.00

**DUE DATE** | **AMOUNT DUE**
--- | ---
06/29/13 | $34.39

---

**CDW Government**
75 Remittance Drive
Suite 1515
Chicago, IL 60675-1515

---

**INVOICE NUMBER**

CP05956

**INVOICE DATE**

05/30/13

**PAYMENT TERMS**

Net 30 Days

**DUE DATE**

06/29/13

**ORDER DATE**

05/29/13

**SHIP VIA**

NITE MOVES MESSENGER

**PURCHASE ORDER NUMBER**

317708

**CUSTOMER NUMBER**

186185

---

**ITEM NUMBER** | **DESCRIPTION** | **QTY ORD** | **QTY SHIP** | **QTY B/O** | **UNIT PRICE** | **TOTAL**
--- | --- | --- | --- | --- | --- | ---
1584362 | PEERLESS ARM MOUNT 10-22 TAA
Manufacturer Part Number: PA730 | 1 | 1 | 0 | 34.39 | 34.39

---

**ACCOUNT MANAGER**

ANDY AMORE
847-371-5523
andyamore@cdw.com

**SHIPPING ADDRESS**

COLLEGE OF DUPAGE
ELMIR Musetovic
425 Fawell Blvd
IT - MULTIMEDIA SERVICES
Glen Ellyn IL 60137-6708

**SALES ORDER NUMBER**

DMCL327

---

**SUBTOTAL** | **SHIPPING** | **SALES TAX** | **AMOUNT DUE**
--- | --- | --- | ---
$34.39 | $0.00 | $0.00 | $34.39

---

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---

**ACCOUNT MANAGER**

ANDY AMORE
847-371-5523
andyamore@cdw.com

**SHIPPING ADDRESS**

COLLEGE OF DUPAGE
ELMIR Musetovic
425 Fawell Blvd
IT - MULTIMEDIA SERVICES
Glen Ellyn IL 60137-6708

**SALES ORDER NUMBER**

DMCL327

---

**SUBTOTAL** | **SHIPPING** | **SALES TAX** | **AMOUNT DUE**
--- | --- | --- | ---
$34.39 | $0.00 | $0.00 | $34.39

---

**PLEASE RETURN THIS PORTION WITH YOUR PAYMENT**

---

**APPROVED 06/24/13**

DAVID GORSKI

---

**CDW**

Cage Code Number: 1KH72
DUNS Number: 02-615-7235
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---

**HAY QUESTIONS ABOUT YOUR ACCOUNT?**

PLEASE EMAIL US AT CREDIT@CDW.COM
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083444
Vendor Name: Computer Discount Warehouse
Invoice Number: CN87353
Invoice Date: 05/29/13
PO Number: P0325412
Check Number: E0021324
Check Amount: $ 896.09
Check Date: 07/24/2013
Department ID: 14205
Reviewer Name: None
Voucher Number: V0217622
Document Type: AP Invoice

Invoice Image Below
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<th>DESCRIPTION</th>
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<td>062413</td>
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<td>136377</td>
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<td>0</td>
<td>247.16</td>
<td>247.16</td>
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</tbody>
</table>

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Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083444
Vendor Name: Computer Discount Warehouse
Invoice Number: CL93294
Invoice Date: 05/23/13
PO Number: P0325269
Check Number: E0021324
Check Amount: $ 225.00
Check Date: 07/24/2013
Department ID: 16765
Reviewer Name: None
Voucher Number: V0217610
Document Type: AP Invoice

Invoice Image Below
**INVOICE**

**CDW Government**  
75 Remittance Drive, Suite 1515  
Chicago, IL 60675-1515

**INVOICE NUMBER**: CL93294  
**INVOICE DATE**: 05/23/13  
**CUSTOMER NUMBER**: 186185

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<td></td>
<td>Manufacturer Part Number: 228-09873</td>
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<td>Electronic distribution - NO MEDIA</td>
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**DUE DATE**: 06/22/13  
**AMOUNT DUE**: $225.00

**PLEASE RETURN THIS PORTION WITH YOUR PAYMENT**

**ACCOUNT MANAGER**: ANDY AMORE  
847-371-5523  
andyamo@cdw.com

**SALES ORDER NUMBER**: DLW287

---

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---

**ACCOUNT MANAGER**: ANDY AMORE  
847-371-5523  
andyamo@cdw.com

**SALES ORDER NUMBER**: DLW287

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<td>425 FAWELL BLVD</td>
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<tr>
<td></td>
<td>GLEN ELLYN IL 60137-6708</td>
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</table>

**SUBTOTAL**: $225.00  
**SHIPPING**: $0.00  
**SALES TAX**: $0.00  
**AMOUNT DUE**: $225.00

---

**APPROVED 07/17/13**  
KEITH ZEITZ

---

**CDW**  
Cage Code Number 1KH72  
DUNS Number 02-615-7235  
ISO 9001 and ISO 14001 Certified  
CDW GOVERNMENT FEIN 36-4230110

**HAVE QUESTIONS ABOUT YOUR ACCOUNT?**  
PLEASE EMAIL US AT credit@cdw.com  
VISIT US ON THE INTERNET AT www.cdw.com
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083444
Vendor Name: Computer Discount Warehouse
Invoice Number: CQ61191
Invoice Date: 06/03/13
PO Number: P0325047
Check Number: E0020956
Check Amount: $ 13,993.85
Check Date: 07/10/2013
Department ID: 15165
Reviewer Name: None
Voucher Number: V0216595
Document Type: AP Invoice

Invoice Image Below
CDW Government
75 Remittance Drive
Suite 1515
Chicago, IL 60675-1515

INVOICE

INVOICE NUMBER: CDW1191
INVOICE DATE: 06/03/13
CUSTOMER NUMBER: 186185

SUBTOTAL: $153.59
SHIPPING: $0.00
SALES TAX: $0.00

DUE DATE: 07/03/13
AMOUNT DUE: $153.59

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

<table>
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<tr>
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ORDER DATE: 06/03/13
SHIP VIA: FEDEX Ground
PURCHASE ORDER NUMBER: 326047
CUSTOMER NUMBER: 186185

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APPROVED 06/25/13
LISA STOCK

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ACCOUNT MANAGER
ANDY AMORE
847-371-5523
andyamore@cdw.com

SHIPPING ADDRESS:
COLLEGE OF DUPAGE
TOMPKINS, LARA-CC 111A
425 FAWELL
SHIP & REC.
GLEN ELLYN IL 60137-6599

SALES ORDER NUMBER
DMHF688

SUBTOTAL: $153.59
SHIPPING: $0.00
SALES TAX: $0.00
AMOUNT DUE: $153.59

HAVE QUESTIONS ABOUT YOUR ACCOUNT?
PLEASE EMAIL US AT credit@cdw.com

CDW Government
ISO 9001 and ISO 14001 Certified
CDW GOVERNMENT FEIN 36-4230110

VISIT US ON THE INTERNET AT www.cdw.com
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083444
Vendor Name: Computer Discount Warehouse
Invoice Number: CQ73072
Invoice Date: 06/03/13
PO Number: B0323770
Check Number: E0020956
Check Amount: $ 13,993.85
Check Date: 07/10/2013
Department ID: 15065
Reviewer Name: None
Voucher Number: V0216465
Document Type: AP Invoice

Invoice Image Below
## CDW Government Invoice

**Invoice Number:** CQ73072  
**Invoice Date:** 06/03/13  
**Customer Number:** 186185

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### Subtotal Details

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### Total

- **Subtotal:** $212.54
- **Shipping:** $0.00
- **Sales Tax:** $0.00
- **Due Date:** 07/03/13
- **Amount Due:** $212.54

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**PLEASE RETURN THIS PORTION WITH YOUR PAYMENT**

**INVOICE DATE:** 06/03/13  
**INVOICE NUMBER:** CQ73072

**PAYMENT TERMS:** Net 30 Days  
**DUE DATE:** 07/03/13

**ORDER DATE:** 06/03/13  
**SHIP VIA:** NITE MOVES MESSENGER

**PURCHASE ORDER NUMBER:** 323770  
**CUSTOMER NUMBER:** 186185

---

**Approved 06/18/13**

**Diane Szakonyi**

---

**GO GREEN!**

CDW is happy to announce that paperless billing is now available! If you would like to start receiving your invoices as an emailed PDF, please email CDW at paperlessbilling@cdw.com. Please include your Customer number or an Invoice number in your email for faster processing.

**REDUCE PROCESSING COSTS AND ELIMINATE THE HASSLE OF PAPER CHECKS!**

Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email credit@cdw.com with any questions.

---

**ACCOUNT MANAGER:** ANDY AMORE  
847-371-5523  
andyamo@cdw.com

**SALES ORDER NUMBER:** DMHH474

---

**SHIPPING ADDRESS:** COLLEGE OF DUPAGE  
CINDY YEARMAN SRC 2102  
425 FAWELL  
SHIP & REC.  
GLEN ELLYN IL 60137-6599

---

**SUBTOTAL:** $212.54

**SHIPPING:** $0.00

**SALES TAX:** $0.00

**AMOUNT DUE:** $212.54

---

**Have questions about your account? Please email us at credit@cdw.com**

**ISO 9001 and ISO 14001 Certified**

**CDW GOVERNMENT FEIN:** 56-4230110

**Visit us on the internet at:** www.cdw.com

---

[CDW Government Logo]
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083444
Vendor Name: Computer Discount Warehouse
Invoice Number: CQ74439
Invoice Date: 06/03/13
PO Number: P0325471
Check Number: E0020956
Check Amount: $ 13,993.85
Check Date: 07/10/2013
Department ID: 00217
Reviewer Name: None
Voucher Number: V0216365
Document Type: AP Invoice

Invoice Image Below
**INVOICE**

**CDW Government**
75 Remittance Drive, Suite 1515
Chicago, IL 60675-1515

**ACCTS PAYABLE**
IT, SRC 2151
425 FAWELL BLVD
GLEN ELlyn IL 60137-6599

**REMIT PAYMENT TO:**

CDW Government
75 Remittance Drive
Suite 1515
Chicago, IL 60675-1515

**ACH INFORMATION:**
E-mail Remittance To: gachremittance@cdw.com
Routing No.: 071000152

**INVOICE NUMBER**

<table>
<thead>
<tr>
<th>Invoice Number</th>
<th>Invoice Date</th>
<th>Customer Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>CQ74439</td>
<td>06/03/13</td>
<td>186185</td>
</tr>
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</table>

**SUBTOTAL**

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<tr>
<th>Description</th>
<th>QTY</th>
<th>QTY SHIP</th>
<th>QTY BID</th>
<th>UNIT PRICE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>HP 971XL MAGENTA CN627A 6600 YIELD Manufacturer Part Number: CN627AM</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>113.63</td>
<td>227.26</td>
</tr>
<tr>
<td>HP 971XL CYAN CN626A 6600 YIELD Manufacturer Part Number: CN626AM</td>
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<td>2</td>
<td>0</td>
<td>113.63</td>
<td>227.26</td>
</tr>
<tr>
<td>HP 971XL YELLOW CN628A 6600 YIELD Manufacturer Part Number: CN628AM</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>113.63</td>
<td>227.26</td>
</tr>
</tbody>
</table>

**PAYMENT TERMS**

Net 30 Days

**DUE DATE**

07/03/13

**AMOUNT DUE**

$681.78

**GO GREEN!**

CDW is happy to announce that paperless billing is now available! If you would like to start receiving your invoices as an emailed PDF, please email CDW at paperlessbilling@cdw.com. Please include your Customer number or an invoice number in your email for faster processing.

**REDACTED**

ACCOUNT MANAGER:

ANDY AMORE
847-371-5523
andyamore@cdw.com

SALES ORDER NUMBER:

L168425

CDW is happy to announce that paperless billing is now available! If you would like to start receiving your invoices as an emailed PDF, please email CDW at paperlessbilling@cdw.com. Please include your Customer number or an invoice number in your email for faster processing.

**REDUCED PROCESSING COSTS AND ELIMINATE THE HASSLE OF PAPER CHECKS!**
Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email credit@cdw.com with any questions.

**ACCOUNT MANAGER**

ANDY AMORE
847-371-5523
andyamore@cdw.com

**SHIPPING ADDRESS:**

COLLEGE OF DUGE SHIPPING & RECEI
ATTN: HSC COLLEEN PROCLA
425 FAWELL BLVD
GLEN ELYN IL 60137-6708

**SUBTOTAL**

$681.78

**SHIPPING**

$0.00

**SALES TAX**

$0.00

**AMOUNT DUE**

$681.78

**HAVE QUESTIONS ABOUT YOUR ACCOUNT?**

PLEASE EMAIL US AT credit@cdw.com

ISO 9001 and ISO 14001 Certified
CDW GOVERNMENT FEIN 36-4230110

VISIT US ON THE INTERNET AT www.cdw.com

Page 1 of 1
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1083444
Vendor Name: Computer Discount Warehouse
Invoice Number: CQ74440
Invoice Date: 06/03/13
PO Number: P0325470
Check Number: E0020956
Check Amount: $ 13,993.85
Check Date: 07/10/2013
Department ID: 11001
Reviewer Name: None
Voucher Number: V0216276
Document Type: AP Invoice

Invoice Image Below
Invoices:

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<tr>
<th>Item Number</th>
<th>Description</th>
<th>Qty Ord</th>
<th>Qty Ship</th>
<th>Qty Rto</th>
<th>Unit Price</th>
<th>Total</th>
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<tbody>
<tr>
<td>847495</td>
<td>XEROX 7400 TONER HI YLD YELLOW</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>359.99</td>
<td>359.99</td>
</tr>
<tr>
<td></td>
<td>Manufacturer Part Number: 106R01079</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>847494</td>
<td>XEROX 7400 TONER HI YLD MAGENTA</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>359.99</td>
<td>359.99</td>
</tr>
<tr>
<td></td>
<td>Manufacturer Part Number: 106R01078</td>
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<td></td>
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<td></td>
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<td>847491</td>
<td>XEROX 7400 TONER HI YLD CYAN</td>
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<td>2</td>
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<td>359.99</td>
<td>719.98</td>
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<td>Manufacturer Part Number: 108R01077</td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED 07/03/15
ELLEN MCGOWAN**

**GO GREEN!**

CDW is happy to announce that paperless billing is now available! If you would like to start receiving your invoices as an emailed PDF, please email CDW at paperlessbilling@cdw.com. Please include your Customer number or an Invoice number in your email for faster processing.

REduce processing costs and eliminate the hassle of paper checks!

Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email credit@cdw.com with any questions.
Invoice Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1336369  
Vendor Name: Continental Clay  
Invoice Number: INV000078636  
Invoice Date: 05/30/13  
PO Number: P0325297  
Check Number: E0021326  
Check Amount: $ 116.88  
Check Date: 07/24/2013  
Department ID: 00297  
Reviewer Name: None  
Voucher Number: V0220772  
Document Type: AP Invoice

Invoice Image Below
## INVOICE

**CONTINENTAL CLAY COMPANY**
1101 STINSON BOULEVARD NE
MINNEAPOLIS, MN 55413-8701
PHONE: 612-331-9332
FAX: 612-331-8564
TOLL-FREE: 1-800-432-CLAY

**Bill To:** COLLO002  XCO1
PH1 (630) 942-2228 Ext. 0000
PH2 (000) 000-0000 Ext. 0000
FAX (630) 956-3078 Ext. 0000

**College of Du Page - ACCT PAY**
425 FAWELL BLVD/SRC 2049
GLEN ELLYN IL 60137

**Colleges of Du Page**
SHIP & RCV/ TOM GODELL-MAC 166
425 FAWELL BLVD
GLEN ELLYN IL 60137-6784

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>KA840</td>
<td>SHELF CLEANING BLOCK SMALL .6'L X 3&quot;W X 1&quot;H</td>
</tr>
<tr>
<td>WAXAP</td>
<td>WAX RESIST 1 PT-ORIGINAL &quot;A&quot; WAX- WHITE &quot;DNF&quot;</td>
</tr>
<tr>
<td>ZPB3M</td>
<td>PLASTIC BAG .9&quot;X .7&quot;,.3MIL(CLAY BAG)</td>
</tr>
<tr>
<td>TMSC2</td>
<td>SCOOP ALUMINUM #2 SMALL .3-1/2 W X 6-1/2L X 2D</td>
</tr>
<tr>
<td>TMSC3</td>
<td>SCOOP ALUMINUM #3 MEDIUM 4-1/2W X 8L X 3D</td>
</tr>
<tr>
<td>RS3B</td>
<td>STILT BAR STILT 3-1/4&quot; 10 PINS (ROSELLI) RSD3B</td>
</tr>
<tr>
<td>RS2B</td>
<td>STILT BAR STILT 2-5 PINS ROSELLI (RSD2B)</td>
</tr>
<tr>
<td>RS1</td>
<td>STILT TRIANGULAR 1&quot; ROSELLI</td>
</tr>
<tr>
<td>RS2</td>
<td>STILT TRIANGULAR 1-1/4&quot; ROSELLI</td>
</tr>
<tr>
<td>TKSTB</td>
<td>TOOL STB SLIP TRAILING BOTTLE KEMPER</td>
</tr>
</tbody>
</table>

**SUBTOTAL:** $108.87
**TAXES & CHARGES:**
- **TAX:** $0.00
- **FUEL SURCHARGE:** $0.00
- **SHIPPING:** $8.01

**TOTAL DUE:** $116.88

Thank You

---

Finance Charge of 1.5% per month (18% annually) will be added to past due amounts. Fuel surcharge is based on variable market.

---

**APPROVED 07/22/2013**

**CATHRYN WILKINS**
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1345037
Vendor Name: Drivers Golf Car Rental, Inc.
Invoice Number: 290
Invoice Date: 05/01/13
PO Number: 326224
Check Number: 124139
Check Amount: $ 480.00
Check Date: 07/25/2013
Department ID: 12451
Reviewer Name: None
Voucher Number: V0220747
Document Type: AP Invoice

Invoice Image Below
From: "Hernandez, Shannon"
To: Invoicing
CC:
Subject: PO#326224

[attachment: driversgolfinvoice.pdf]
Drivers Golf Car Rental Inc.
1N285 Evergreen Avenue
Glen Ellyn, IL 60137

Date: 5/1/2013
Invoice #: 290

Bill To:
College of DuPage
Shannon Hernandez

Ship To:
College of DuPage
Shannon Hernandez
Benedictine university

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Description</th>
<th>Rate</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
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<td>2</td>
<td>6-Passenger Cart</td>
<td>125.00</td>
<td>250.00</td>
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<tr>
<td>4 Pass 65</td>
<td>2</td>
<td>4 Passenger</td>
<td>65.00</td>
<td>130.00</td>
</tr>
<tr>
<td>Delivery Zone 1</td>
<td>1</td>
<td></td>
<td>100.00</td>
<td>100.00</td>
</tr>
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</table>

Total: $480.00

Delivered By: __________________________

Received By: __________________________

**Rental Fee Due Upon Pick Up**

Thank You For Choosing Drivers Golf Car Rental, Inc.
Invoice Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1247125  
Vendor Name: Dub Vox Studio Services  
Invoice Number: 10-312  
Invoice Date: 06/06/13  
PO Number: P0325777  
Check Number: 0124140  
Check Amount: $ 897.25  
Check Date: 07/25/2013  
Department ID: 12451  
Reviewer Name: None  
Voucher Number: V0218604  
Document Type: AP Invoice

Invoice Image Below
From: "Hernandez, Shannon" <hernan@cod.edu>
Sent: Thu Jun 27 11:46:08 CDT 2013
To: Invoicing <invoicing@cod.edu>
CC:
Subject: DUB Vox Invoice

[attachment: img-627104045-0001.pdf]
<table>
<thead>
<tr>
<th>Quantity</th>
<th>Item</th>
<th>Description</th>
<th>Unit Price</th>
<th>Extension</th>
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</thead>
<tbody>
<tr>
<td>525.00</td>
<td>Dup DVD: &quot;46th Commencement&quot; - White Inkjet</td>
<td></td>
<td>1.65</td>
<td>866.25</td>
</tr>
<tr>
<td></td>
<td>- Black Slimline Case</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.00</td>
<td>Freight - UPS Ground</td>
<td></td>
<td>31.00</td>
<td>31.00</td>
</tr>
</tbody>
</table>

Please Make Checks Payable to:
DUB VOX Studio Services
123 Edgewood Avenue
Crystal Lake, Illinois 60014

Subtotal: 897.25
Sales Tax: 
Total Invoice Amount: 897.25
Payment/Credit Applied: 
TOTAL: 897.25
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1340822
Vendor Name: Fabrics Etc. 2, Inc.
Invoice Number: 2013627
Invoice Date: 06/27/13
PO Number: P0325742
Check Number: E0021331
Check Amount: $1,999.00
Check Date: 07/24/2013
Department ID: 00065
Reviewer Name: None
Voucher Number: V0218600
Document Type: AP Invoice

Invoice Image Below
From: "Fabrics ETC." <info@fabricsetc2.com>
Sent: Fri Jun 28 13:41:40 CDT 2013
To: invoicing@cod.edu
CC:
Subject: Invoice for new Serger PO#325742

Attached is the invoice for a new Baby Lock Serger ordered by Anna Gay per requisition #629406.

Fabrics Etc.
1105 S. York Rd.
Bensenville, IL  60106
630-238-8000
www.FabricsEtc2.com

[attachment: Invoice College of Dupage.pdf]
<table>
<thead>
<tr>
<th>QTY</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BLE 1 AT2  Baby Lock Imagine Serger</td>
<td>$1,999.00</td>
</tr>
</tbody>
</table>

Purchase Order # 325742, dated 6/19/2013

**Total Due**  
$1,999.00

**APPROVED 07/14/13**  
KRISTINE FAY

Date: 6/27/2013  
Invoice No. 2013627  
Terms: Due on Receipt
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1339582
Vendor Name: Fat Catalog
Invoice Number: INV2027553
Invoice Date: 06/14/13
PO Number: P0325567
Check Number: 0124150
Check Amount: $ 2,868.74
Check Date: 07/25/2013
Department ID: 90111
Reviewer Name: None
Voucher Number: V0220547
Document Type: AP Invoice

Invoice Image Below
**Invoice**

**Invoice #**
INV2027553

**Date:** Jun 14, 2013

**Page:** 18 of 116

---

**Bill To:**
College of DuPage Accounts Payable
Accounts Payable, SRC2049
425 Fawell Blvd
Glen Ellyn, IL 60137-6708 USA
Phone: 1 (630) 942-2228 Fax: 1 (630) 858-9078
Email:
Customer PO: 325567

**Ship To:**
College of DuPage
Shipping and Receiving
425 Fawell Blvd
ATTN: Warehouse Manager - Deliver to: Peggy McCarthy
Glen Ellyn, IL 60137-6708 USA
Phone: 1 (630) 942-2238 Fax: 1 (630) 942-2417
Email:

---

<table>
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<tr>
<th>SKU #</th>
<th>DESCRIPTION</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>EXTENDED PRICE</th>
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<tr>
<td>SMS-26576</td>
<td>ADA Computer Desk (30&quot; W x 36&quot; L)</td>
<td>6</td>
<td>$439.68</td>
<td>$2,639.28</td>
</tr>
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</table>

**Taxes and Fees:**

- **SUB TOTAL:** $2,639.28
- **SHIPPING & HANDLING:** $229.46
- **SALES TAX:** $0.00
- **INVOICE TOTAL:** $2,868.74

**Remittance:**

- **AMOUNT PAID/CREDIT:** $0.00
- **AMOUNT DUE:** $2,868.74

---

**Please return bottom portion of this invoice with your remittance to:**

Fat Catalog

3736 Regent Ave.
Cincinnati, Ohio 45212-3724

---

**Approving Signature:**

**Richard K**

---

**Additional Information:**

- **Phone:** 1-866-619-3776
- **Fax:** 1-866-702-8474
- **Address:** 3736 Regent Ave., Cincinnati, Ohio 45212-3724
- **Website:** www.fatcatalog.com

---

**Please pay this amount:**

- **SUB TOTAL:** $2,639.28
- **SHIPPING & HANDLING:** $229.46
- **SALES TAX:** $0.00
- **INVOICE TOTAL:** $2,868.74

**Payment Due:** 7/13/2013
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1084587
Vendor Name: Follett Higher Education
Invoice Number: June 3, 2013
Invoice Date: 06/03/13
PO Number: B0318244
Check Number: E0020962
Check Amount: $3,826.83
Check Date: 07/10/2013
Department ID: 00445
Reviewer Name: None
Voucher Number: V0217781
Document Type: AP Invoice

Invoice Image Below
June 3, 2013

To whom it may concern;

Follett Higher Education Group is converting Accounts Receivable payments process. You will be mailing your payments to the central lock box where the payments will be deposited in lieu of the bookstore. Please include a copy of billing letter with your payment. If you have any questions, please feel free to contact me at your convenience.

We would like to thank you for your partnership in providing quality educational materials for the students at the College of DuPage.

The attached invoices for this term are now due within 30 days from this notice.

College of DuPage Student Affairs Department Bookstore Bill

TOTAL DUE: $75.00

Please make your check payable to:

Follett Higher Education Group
College of DuPage Bookstore
Store #784 MA # 105
3146 Solutions Center
Chicago, IL 60677-9001

Thanks,

Molok Leylam, MBA
Follett's College of DuPage
Bookstore #784
Co-Store Manager
Phone: (630) 942-4342
Fax: (630) 858-2982
follettleylam@cod.edu

JANE SMITH

425 Fawell Boulevard • Glen Ellyn, Illinois 60137
ph. (630) 942-2361 • fax (630) 858-2982 • e-mail 0784mgr@heg.follett.com
June 3, 2013

To whom it may concern;

Follett Higher Education Group is converting Accounts Receivable payments process. You will be mailing your payments to the central lock box where the payments will be deposited in lieu of the bookstore. Please include a copy of billing letter with your payment. If you have any questions, please feel free to contact me at your convenience.

We would like to thank you for your partnership in providing quality educational materials for the students at the College of DuPage.

The attached invoices for this term are now due within 30 days from this notice.

College of DuPage Student Affair Department Bookstore Bill

TOTAL DUE: $75.00

Please make your check payable to:

Follett Higher Education Group
College of DuPage Bookstore
Store # 784  MA # 105
3146 Solutions Center
Chicago, IL 60677-3001

Thanks
Melik Leylam, MBA
Follett's College of DuPage Bookstore # 784
Customer Manager
Phone: (630) 942-4342
Fax: (630) 858-2982
follettleylam@cod.edu

REMITTANCE COPY

425 Fawell Boulevard • Glen Ellyn, Illinois 60137
ph. (630) 942-2361 • fax (630) 858-2982 • e-mail 0784mgr@heg.follett.com
<table>
<thead>
<tr>
<th>Quantity</th>
<th>Description</th>
<th>Price</th>
<th>Amount</th>
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<tbody>
<tr>
<td>3</td>
<td>$25 Bookstore Gift</td>
<td>75.00</td>
<td></td>
</tr>
</tbody>
</table>

Thank You In case of claims or returned goods please present this bill.

Total 75.00
COD Bookstore
SRC Building
425 Powell Boulevard
SEE BOOKMARK FOR REFUND DETAIL
630-492-2590
www.codbooks.com
07840@hmeq.localle.com

FHEG Gift Card Act 25.00
Account #: 60670039206666666666
Reference #: 003702
Bag Bal Tran Act End Bal 0.00 25.00 25.00

NOTE: Please retain this receipt for your records.

FHEG Gift Card Act 25.00
Account #: 60670039206777777777
Reference #: 003703
Bag Bal Tran Act End Bal 0.00 25.00 25.00

NOTE: Please retain this receipt for your records.

FHEG Gift Card Act 25.00
Account #: 60670039206888888888
Author Hode: 5152177
Reference #: 003710
Bag Bal Tran Act End Bal 0.00 25.00 25.00

NOTE: Please retain this receipt for your records.

Major Account: 105
Student ID: 318244

Signature X

ADMISITIONS AND OUTRE

**** Tax Exempt ****
ID#: 6997339105

Items Purchased: 0
Items Returned: 0

Sub Total 75.00
Tax 0.00
Total 75.00

House Charge 75.00

Associate Shaba

Full Refund for 1st 5 & 10 wk
Last Day 1st Weds, June 5, 2013
All other refunds see bookmark

2700 0764, 011 11: 05/30/13 2:29PM

************ Return Policy ************
Valid ID and receipt required for all returns, exchanges and refunds. Non-
textbook items may be returned within 30 days of purchase. Textbook returns
may be accepted if within the posted current term deadline. All gift card
sales are final. Other restrictions
may apply, see store for complete
details.
Purchase of Bookstore Gift Cards

Frye, Tracey

Sent: Thursday, May 30, 2013 1:49 PM
To: Leylani, Melek
Cc: Nagle, Lynda; Smith, Jane

Melek,

As per our conversation, we would like to purchase three (3) $25.00 gift cards which should be billed to PO# B318244. Jane Smith will be picking up the gift cards this afternoon.

Thank you!

Tracey Frye
Administrative Assistant
Student Affairs
College of DuPage
425 Fawell Blvd. l SSC 2207 l Glen Ellyn, IL 60137-6599
phone 630.942.3555 l fax 630.790.4924 l fryetr@cod.edu
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1084523
Vendor Name: Franklin Covey
Invoice Number: 81408301
Invoice Date: 05/31/13
PO Number: P0325293
Check Number: 124158
Check Amount: $ 39.92
Check Date: 07/25/2013
Department ID: 00750
Reviewer Name: None
Voucher Number: V0216214
Document Type: AP Invoice

Invoice Image Below
# FC Organizational Products

## Correspondence:
2250 W. Parkway Blvd.
Salt Lake City,
Utah 84119

Federal ID # 26-2698933

## Remittance Address:
2250 W. Parkway Blvd.
Salt Lake City,
Utah 84119

## Dunn & Bradstreet # 82-747-0613

### Sold To

<table>
<thead>
<tr>
<th>Account</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tbody>
<tr>
<td>College of Dupage Accounts Payable</td>
<td>425 Pawnee Blvd</td>
<td>Glen Ellyn</td>
<td>IL</td>
<td>60137</td>
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### Ship To

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<th>Account</th>
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<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of Dupage Ellen Roberts</td>
<td>425 Pawnee Blvd</td>
<td>Glen Ellyn</td>
<td>IL</td>
<td>60137</td>
</tr>
</tbody>
</table>

## Order Information

- **Order Date:** 30-May-13
- **Ship Date:** 31-May-13
- **Order No.:** 62564150
- **Purchase Order/Release No.:** 325293
- **Ship Via:**
- **Item No.:**

<table>
<thead>
<tr>
<th>QTY Shipped</th>
<th>QTY B/O</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>EXTENDED PRICE</th>
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<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>CL Original Daily Ring Bound R</td>
<td>23.960</td>
<td>23.96</td>
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<tr>
<td>1</td>
<td>0</td>
<td>CO Original 2PQ Monthly Ring B</td>
<td>7.960</td>
<td>7.96</td>
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<td>0</td>
<td>Freight</td>
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## Summary

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<th>Shipping and Handling Charge</th>
<th>Sales Tax</th>
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<tbody>
<tr>
<td>39.92</td>
<td>0.00</td>
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<td>39.92</td>
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## Payment Information

- **Payment Type:**
- **Adjustments/Credits:** 0.00

### Terms: Net

**DAYS FROM INVOICE DATE:** 30

### Payment Applied

**INVOICE BALANCE DUE:** 39.92

### Customer Information

<table>
<thead>
<tr>
<th>Customer Number</th>
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<th>Invoice Balance Due</th>
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<tbody>
<tr>
<td>764947</td>
<td>81408301</td>
<td>39.92</td>
</tr>
</tbody>
</table>

---

**APPROVED BY:**

**ELLEN ROBERTS**

---

**PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE TO:**

FC Organizational Products LLC
2250 W Parkway Blvd
Salt Lake City, UT 84119

THANK YOU FOR YOUR ORDER!

---

Charge to: [ ] MasterCard [ ] Visa [ ] AmEx [ ] Discover [ ] Diners Club

Card No. ___________________________ Exp. Date ___________________________

Signature ___________________________
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1084560
Vendor Name: Fry's Electronics, Inc.
Invoice Number: 6404404
Invoice Date: 05/09/13
PO Number: B0318378
Check Number: 124160
Check Amount: $176.96
Check Date: 07/25/2013
Department ID: 00057
Reviewer Name: None
Voucher Number: V0217625
Document Type: AP Invoice

Invoice Image Below
PLEASE REMIT TO:
600 East Brokaw Road
San Jose, CA 95112
(408) 487-4500

Date: 05/09/13 Store#: 31

Invoice #: 6404404
Amount Due: $176.96

PO INFORMATION
Number: 621166 - B 318378
Terms: Net 30 days
Received By: ROBERT CANNELLA
CDL: C540760692 20150913

Customer #: 65930
ACCOUNTS PAYABLE

COLLEGE OF DUPAGE
425 PÆWELL BOULEVARD
GLEN ELLYN, IL 60137

<table>
<thead>
<tr>
<th>PLU</th>
<th>Short Description</th>
<th>Qty</th>
<th>T</th>
<th>Unit Price</th>
<th>Extended Price</th>
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<tr>
<td>7547026</td>
<td>Toshiba 1.5TB CanvioPlus</td>
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<td>R</td>
<td>116.990</td>
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<td>Patriot 32GB Axle USB</td>
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<td>Patriot 32GB Axle Red</td>
<td>1</td>
<td>R</td>
<td>19.990</td>
<td>19.99</td>
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<tr>
<td>7022601</td>
<td>Patriot 32GB Axle Red</td>
<td>1</td>
<td>R</td>
<td>19.990</td>
<td>19.99</td>
</tr>
</tbody>
</table>

SUBTOTAL: $176.96
TAX @0.0825: $0.00
TOTAL: $176.96

ATTN: ACCOUNTS PAYABLE DEPT.

Please Pay by 06/08/13

Attention: Accounts Payable

In order to correctly process payments, please write your Fry's customer number and invoice number(s)
being paid on each check, and mail to the following address:
Fry's Electronics, Inc.
Accounts Receivable
600 E. Brokaw Road
San Jose, CA 95112-1016

Thank you for your cooperation, Fry's Accounts Receivable Department

APPROVED 07/21/13
KRISTINE FAY
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1084519
Vendor Name: Full Compass Systems, Ltd
Invoice Number: 4727624
Invoice Date: 06/12/13
PO Number: P0324478
Check Number: E0021338
Check Amount: $ 1,579.30
Check Date: 07/24/2013
Department ID: 00345
Reviewer Name: None
Voucher Number: V0220538
Document Type: AP Invoice

Invoice Image Below
From: Full Compass Systems, LTD  
9770 Silicon Prairie Pkwy  
Madison, WI 53593-8442  
608-831-7330  
Fax # 608-831-6330

Bill: Customer # 3077  
IL DUPAGE COLLEGE OF  
ACCOUNTS PAYABLE  
425 FAWEAL BLVD  
GLEN ELLYN  
IL 60137-6599

INVOICE #: 4727624  
Invoice Date: 06/12/2013 13:19:33  
Sales Order #: 2800146.  
Sales Order Date: 04/23/2013 10:17:37  
Operator: colina

PO # 324478  
** All Past Due Accounts will be charged 1.50% monthly **

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity Ordered</th>
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<th>Unit Price</th>
<th>Extended Price</th>
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<td>3</td>
<td>31.100</td>
<td>93.300</td>
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</table>

Shipping Information
Pkg# Cxr Tracking Number Weight
1 1Z591575030424538 5.00

REMIT PAYMENT TO:  
Full Compass Systems, Ltd  
9770 Silicon Prairie Pkwy  
Madison, WI 53593

Subtotal 93.30  
Shipping/Handling 10.00
* Expedite 0.00  
* Tax NTX NO TAX 0.00  
* Total 103.30
* Payments 0.00  
* Prepaid 0.00  
* Pay Info 0.00  
* Terms NET 30  
BALANCE DUE 103.30

APPROVED 07/17/13  
CATHRYN WILKINSON
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085236
Vendor Name: Gaylord Brothers Inc.
Invoice Number: 2179823
Invoice Date: 06/20/13
PO Number: P0325761
Check Number: E0021339
Check Amount: $ 3,893.20
Check Date: 07/24/2013
Department ID: 14230
Reviewer Name: None
Voucher Number: V0218599
Document Type: AP Invoice

Invoice Image Below
From: hainesn@cod.edu
Sent: Mon Jul 01 08:50:50 CDT 2013
To: "Haines, Nancy " <hainesn@cod.edu>,"invoicing@cod.edu 
<invoicing@cod.edu>
CC:
Subject: GAYLORD INVOICE

---------------------------

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Attachment File Type: PDF

WorkCentre Location: Library SRC3031
Device Name: lrc-ps2

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[attachment: DOC.PDF]

---------------------------
**MAIL PAYMENTS TO:**
GAYLORD BROS., INC.
PO BOX 4901
SYRACUSE, NY 13221-4901

Credit Department Phone: 800-782-1397
Credit Department Email: accountsreceivables@gaylord.com

**Account Number:** 592182
**Order Number:** 21772741

**Bill To:**
Attn: Accounts Payable
LIBRARY DUPAGE COLLEGE
425 FAWELL BLVD
Glen Ellyn IL 60137-6599

**Ship To:**
NANCY HAINES
LIBRARY DUPAGE COLLEGE
425 FAWELL BLVD
Glen Ellyn IL 60137-6599

**Invoice #:** 2179823
**Invoice Date:** Jun 20, 2013
**Due Date:** Jul 20, 2013
**PO Number:** 325761

<table>
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<tr>
<th>Ordered Quantity</th>
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<th>Catalog Number</th>
<th>Description</th>
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<th>Extended Price</th>
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<tr>
<td>12</td>
<td>12</td>
<td>1020-48</td>
<td>Ladder Aluminum 2 Step 23 1/4H x 21 1/4W x 20 1/4&quot;D Putty</td>
<td>289.00</td>
<td>3,468.00</td>
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</table>

**Ship Via:** Dayton Freight Lines
**Shipped:** Jun 20, 2013
**Terms:** Net 30

Must be delivered by ____ (Date): MUST DELIVER BY 6/27/2013

---

**APPROVED 07/18/13**
**ELLEN SUTTON**

**PO Number:** 325761
**OKAY TO PAY NH**

<table>
<thead>
<tr>
<th>Sub Total</th>
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<tr>
<td>3,468.00</td>
<td>237.70</td>
<td>0.00</td>
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**SOLD TO:**
Attn: Accounts Payable
LIBRARY DUPAGE COLLEGE
425 FAWELL BLVD
Glen Ellyn IL 60137-6599

**Account Number:** 592182
**Invoice #:** 2179823

Gaylord Bros., Inc. * PO Box 4901 * Syracuse, NY 13221
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085236
Vendor Name: Gaylord Brothers Inc.
Invoice Number: 2177149
Invoice Date: 06/12/13
PO Number: B0317816
Check Number: E0021339
Check Amount: $187.50
Check Date: 07/24/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0218397
Document Type: AP Invoice

Invoice Image Below
From: hainesn@cod.edu
Sent: Tue Jun 25 12:01:23 CDT 2013
To: "Haines, Nancy " <hainesn@cod.edu>,"invoicing@cod.edu " <invoicing@cod.edu>
CC:
Subject: GAYLORD INVOICE

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: Library SRC3031
Device Name: lrc-ps2

For more information on Xerox products and solutions, please visit http://www.xerox.com

[attachment: DOC.PDF]
MAIL PAYMENTS TO:
GAYLORD BROS., INC.
PO BOX 4901
SYRACUSE, NY 13221-4901

Credit Department Phone: 800-782-1397
Credit Department Email: accountsreceivables@gaylord.com

Account Number: 592182
Order Number: 21613772

Bill To: Attn: Accounts Payable
LIBRARY DUPAGE COLLEGE
425 FAWELL BLVD
Glen Ellyn IL 60137-6599

Order #: 2177149
Invoice Date: Jun 12, 2013
Due Date: Jul 12, 2013
PO #: B317816

Ship To: NANCY HAINES
LIBRARY DUPAGE COLLEGE
425 FAWELL BLVD
Glen Ellyn IL 60137-6599

Ship Via: FedEx Ground
Terms: Net 30

Ordered  | Shipped  | Catalog  | Description                                    | Unit Price | Extended Price
Quantity | Quantity | Number   |                                              |           |             
---------|----------|----------|------------------------------------------------|-----------|-------------
30        | 30       | D15105   | Box Document Case Flip Top 5Wx15 1/4Lx10 1/4H Blue Grey | 6.25       | 187.50      

Sub Total: 187.50
Shipping and Processing: 0.00
Tax: 0.00
Total: 187.50

APPROVED 06/27/13
LISA STOCK

Sub Total: 187.50
Shipping and Processing: 0.00
Tax: 0.00
Total: 187.50

SOLD TO:
Attn: Accounts Payable
LIBRARY DUPAGE COLLEGE
425 FAWELL BLVD
Glen Ellyn IL 60137-6599

Account Number: 592182
Invoice #: 2177149

Gaylord Bros., Inc. * PO Box 4901 * Syracuse, NY 13221
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085249
Vendor Name: Getinge USA, Inc.
Invoice Number: 3141735
Invoice Date: 06/04/13
PO Number: 324903
Check Number: E0021340
Check Amount: $ 2,000.00
Check Date: 07/24/2013
Department ID: 00261
Reviewer Name: None
Voucher Number: V0217607
Document Type: AP Invoice

Invoice Image Below
# INVOICE

**Gelinge USA, Inc. (FKA Getinge/Castle, Inc.)**  
1777 East Henrietta Road  
Rochester, NY 14623-3133, U.S.A.  
Telephone (585) 475-1400 Fax (585) 272-5033

**Bill To:** 120437045  
**College of Du Page S**  
425 Fawell Blvd

**Ship To:** 120437045  
**College of Du Page S**  
425 Fawell Blvd

**Glen Ellyn, IL 60137**  
**Glen Ellyn, IL 60137**

<table>
<thead>
<tr>
<th>Invoice Date</th>
<th>Invoice Number</th>
<th>Our Order Number</th>
<th>Customer Contact</th>
<th>Payment Terms</th>
<th>Individual No</th>
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<tbody>
<tr>
<td>06/04/13</td>
<td>3141735</td>
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<td>Janet Minton</td>
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<td>99M60547</td>
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<td>1301 Scott Theel</td>
<td>324903</td>
<td>122LS</td>
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<th>Extended Amount</th>
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<tr>
<td>VS-513967</td>
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<td></td>
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<td>206.01</td>
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<td>Kit, SOL, RPR-541581/8130160</td>
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<td>VS-49958</td>
<td>Gauge, Sight, Glass W/2 O-Ri</td>
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<td>1.00</td>
<td></td>
<td></td>
<td>199.00</td>
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</table>

**PLEASE REFERENCE OUR INVOICE NUMBER ON YOUR REMITANCE ADVISE**

**NET** 2000.00

**PAY THIS AMOUNT** 2000.00

---

Please reference our invoice number on your remittance advice  
Remit To: Getinge USA, 1265 Solutions Center, Chicago, IL 60677-1002

Service charge of 1 1/2% charged on all due invoices past 30 days. (18% per annum)

---

**APPROVED 06/26/13**  
**Karen Solt**
Buyer and Seller agree that the following terms and conditions are expressly made a part of the contract between the Seller and Buyer

1. Prices
All prices are F.O.B. Seller's location, unless specified differently in the shipping terms appearing on the face of this form, and are subject to change without notice.
Any costs of delivery to a carrier and other handling expenses will be added to the stated prices. Stated prices include domestic packaging only; separate charges for packaging for export shipment will be added to the stated prices.

2. Taxes
In addition to the stated prices, Buyer will reimburse Seller for Retailer's Occupational Tax, Sales Tax or any other federal, state, local or foreign taxes, if any, which Seller must at any time either pay or be required to collect in connection with the transaction.

3. Terms of payment
All payments are net thirty (30) days, not subject to any cash discount, unless modified pursuant to Section 5 below or as specified differently in the payment terms appearing on the face of this form, and shall be made in legal currency (electronic funds transfer or check) of the United States at Seller's address, as set forth on the face of this form. Any unpaid amount not received when due shall bear interest at the rate of one and one half percent (1.5%) per month beginning on the first day on which payment becomes past due. If Seller, in its sole determination, deems it necessary to institute legal action or collection agency action to enforce collection of any aforesaid amount past due and interest, Buyer agrees to pay all collection costs and attorney fees, if any.

4. Delivery
Seller will use reasonable efforts to adhere to the delivery schedule specified in Buyer's order, except as otherwise stated on the face of this form. Notwithstanding the foregoing, however, Seller shall not be liable for any loss or damage caused by failure or delay in the fulfillment or performance of this Contract, if hindered or prevented, directly or indirectly, by causes beyond Seller's reasonable control, including but not limited to: strikes, lockouts, or other labor disturbances; fire, flood, windstorm or other acts of God; war, riots, embargoes or other manufacture, assembly, service and transportation contingencies; inability to secure labor, materials, parts or reasonable substitutes therefore, orders, action or inaction of any governmental agency or authority, domestic or foreign, including but not limited to the United States Customs Bureau or any other cause whatsoever beyond the reasonable control of Seller. In no event will Seller be liable for any special, indirect, incidental or consequential damages.

5. Buyer's defaults
In the event Seller does not approve extension of credit to the Buyer, or if at any time Seller, in its sole determination, should deem there are grounds for insecurity regarding the creditworthiness of the Buyer, the Seller may change terms of payment to C.O.D., partial or full advance payment, subject to U.C.C. Article 9 filing, or a combination of foregoing, as Seller in its sole discretion may elect and specify. If Buyer fails to comply with the terms of payment or any other terms of this Contract, Seller reserves the right to cancel the unfilled portion of any order or contract, and Buyer shall remain liable for all unpaid accounts. Buyer is responsible for directing the disposition of its funds held by Getinge USA, Inc. and after (2) years, Getinge USA, Inc. will not be responsible for the return of any amount as to which Buyer has not provided such instructions, at which time any such funds will be deemed to be the property of Getinge USA, Inc.

6. Claims and returns
Any claims for errors, shortages, defective goods or allowances must be made in writing within ten (10) calendar days after Buyer's receipt of the goods, and the packing slip must be returned with the written claim. Failure to comply with the foregoing shall be deemed acceptance of the goods. No return of the goods will be permitted unless specific authority and shipping instructions for returning goods have been obtained from Seller in writing. Claims for damage in transit must be made by Buyer to the carrier at once.

7. Seller's Warranties
Except for any express warranties specified in Seller's printed materials accompanying or describing product, Seller makes no warranties, express or implied, including by not limited to warranties of MERCHANTABILITY or FITNESS FOR PARTICULAR PURPOSE.

8. Indemnification
Buyer will indemnify, protect, and hold Seller harmless against any and all claims of infringement of patent, designs, copyrights or trade names with respect to goods designed, manufactured or modified, wholly or partially, to Buyer's designs or specifications.

9. Cancellation
Orders accepted by Seller are not subject to cancellation except with Seller's written consent. No change or waiver of any condition shall be effective unless in writing, signed by one of Seller's officers.

10. Governing law
This Contract has been formed in the State of New York upon Seller's acceptance of Buyer's order, which acceptance is expressly conditioned upon the terms and conditions set forth on this form. The laws of the State of New York, including but not limited to the provisions of the Uniform Commercial Code as adopted in the State of New York, shall govern the rights and duties of Buyer and Seller.

11. Governing terms
The terms and conditions set forth on this form constitute the entire Contract between Buyer and Seller, and no change or waiver of any such terms shall be effective unless expressed in writing and signed by an authorized officer of Seller.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085594
Vendor Name: Gexpro
Invoice Number: 265-378319
Invoice Date: 06/05/13
PO Number: P0324968
Check Number: 124164
Check Amount: $1,807.25
Check Date: 07/25/2013
Department ID: 02740
Reviewer Name: None
Voucher Number: V0216273
Document Type: AP Invoice

Invoice Image Below
<table>
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<tr>
<th>NAED NO.</th>
<th>DESCRIPTION</th>
<th>QTY</th>
<th>UNIT PRICE</th>
<th>EXTENDED PRICE</th>
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<tbody>
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<td>1,795.00</td>
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<td></td>
<td>900MHZ, 1.0W OUTPUT 12-28VDC, EXPANDABLE</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**GENERAL NOTES**

IF YOU HAVE QUESTIONS REGARDING THE INVOICE, CALL KEVIN O'CONNOR AT 1-800-243-7313. THANK YOU.

**SUBTOTAL**

1,795.00

**FRT & HANDLING**

12.25

**TOTAL AMOUNT BILLED**

1,807.25
1. ACCEPTANCE: Acceptance of any order is subject to credit approval by Seller, acceptance of the order by Seller and, when applicable, Seller’s Vendor (i.e. manufacturers, vendors, or other third parties that provide goods to Seller for resale to Buyer). If Seller, in its sole discretion, determines that Buyer’s credit becomes unsatisfactory or if it is determined by reason of insecurity, Seller reserves the right, upon notice to Buyer, to demand adequate assurance of due performance from Buyer and/or terminate this agreement with no liability to Seller. BY REQUESTING A QUOTE FROM SELLER OR PRESENTING AN ORDER TO SELLER, BUYER CONFIRMS THAT THESE TERMS & CONDITIONS SHALL GOVERN ALL PURCHASES OF GOODS (i.e., GOODS, MATERIALS AND/OR SERVICES PROVIDED TO BUYER BY SELLER) BY BUYER FROM SELLER, AND NO CHANGES OR ADDITIONAL OR DIFFERENT TERMS CONTAINED IN A PURCHASE ORDER ACCEPTED BY SELLER OR OTHERWISE WILL MODIFY THESE TERMS & CONDITIONS UNLESS ACKNOWLEDGED IN WRITING AND SIGNED BY AN AUTHORIZED REPRESENTATIVE OF SELLER, OR NO SELLER EMPLOYEE OR AGENT HAS THE AUTHORITY TO MODIFY THESE TERMS & CONDITIONS VERBALLY. SELLER OBJECTS TO AND REJECTS ANY TERMS BETWEEN BUYER AND ANY OTHER PARTY, AND NO SUCH TERMS, INCLUDING BUT NOT LIMITED TO ANY GOVERNMENT REGULATIONS OR "FLOWDOWN" TERMS, SHALL BE A PART OF OR INCORPORATED INTO ANY ORDER FROM BUYER TO SELLER, UNLESS AGREED TO IN WRITING BY AN AUTHORIZED REPRESENTATIVE OF SELLER.

2. PRICES AND TAXES: Buyer agrees to pay the prices quoted by Seller, and is responsible for additional applicable shipping and handling charges, taxes and duties. Seller shall collect applicable taxes unless Buyer submits a valid tax exemption certificate, and indicates which Goods are covered by it. Prices on special-order Goods may be subject to change before shipment; Seller shall notify Buyer of any change, and Buyer may at discretion cancel the special-order Goods if the revised prices are unacceptable, without charge other than applicable Vender restocking charges.

3. PAYMENT: Payment terms are 30 days net from the invoice date, or upon such other terms approved by Seller in writing. Retainage shall not apply, and Buyer shall not hold back any retainage from Seller, even if retainage is part of any contract between Buyer and any other party. Payment is not contingent on Buyer’s ability to collect or obtain funds from any other party. Credit card sales are billed at the time of purchase. Buyer expressly represents it is solvent at the time it places any purchase order with Seller. Seller, in its sole discretion, may determine that Buyer’s financial condition requires full or partial payment in advance prior to manufacture or shipment. If Buyer fails to make any payment when due, Seller reserves the right to suspend performance. Buyer agrees to pay a charge on all amounts past due at the rate of 1 1/2% per month (18% per year) or the maximum lawful rate, whichever is less. In the event of non-payment, Buyer agrees to pay Seller’s reasonable attorney fees and court costs, if any, incurred by Seller to collect payment, and all applicable interest charges. Seller may apply payments to any outstanding invoices unless Buyer provides specific payment direction.

4. TITLE AND RISK OF LOSS OR DAMAGE: As to Goods delivered by Seller’s truck, title passes upon delivery at the place Buyer receives possession; and, thereafter, all risk of loss or damage shall be on Buyer. All other sales are F.O.B., point of shipment, and Buyer takes title and assumes responsibility for risk of loss or damage at the point of shipment for such sales. Claims for Goods damaged in transit are Buyer’s sole responsibility when not delivered by Seller’s truck.

5. QUOTATIONS: All quotations expire thirty (30) days from the date of the quotation unless otherwise noted on the quotation. This time limit applies even if Buyer uses the quotation to submit a purchase order to a third party. If Buyer fails to issue a purchase order within this time period, the quotation will expire.

6. ASSIGNMENT: An order shall not be assigned by either party without the express written consent of the other. Consent will not be required, however, for internal transfers and assignments as between either party and its affiliates, and nothing herein shall limit either party’s right to factor or sell receivables.

7. RETURN OF PRODUCTS AND ORDER CANCELLATION: Buyer shall accept returns of normal stock Goods for a period of thirty (30) days following shipment. All returns must be in their original cartons, unopened and unused and are subject to appropriate restocking/cancellation fees equal to the greater of (i) 10% of the purchase price incurred by Seller from its Vendor as a result of the cancellation, or (ii) 25% of the purchase price. Any Goods, stock or direct, ordered by Seller as Buyer-specific and/or non-returnable to its Vendor are subject to a restocking/cancellation fee of 100% of the cost of the Goods.

8. TERMINATION: Either party may terminate the whole or any part of the other party’s performance under a purchase order if there is a material breach of these Terms & Conditions. In the event of any such breach by the non-breaching party will provide the breaching party with written notice of the nature of the breach and the non-breaching party’s intention to terminate for default. In the event the breaching party does not cure such failure within ten (10) days of such notice, the non-breaching party may, by written notice, terminate the order; provided, that the breaching party shall continue its performance to the extent not terminated.

9. INTERPRETATION RESPONSIBILITY: PRODUCT USE AND SAFETY: Seller does not guarantee that the Goods it sells conform to any plans and specifications or intended use. When plans and specifications are firmed, Buyer is solely responsible for verifying Seller’s interpretations of such plans and specifications, and is Buyer’s sole responsibility to assure that Seller’s Goods will be accepted on any specific job. When Seller offers substitute Goods on any proposal, Buyer is solely responsible for confirming their acceptability. BEFORE BUYER USES OR Installs ELECTRICAL PRODUCTS, IT IS BUYER’S RESPONSIBILITY TO CONSULT THE NATIONAL ELECTRIC CODE AND ANY PORTABLE LOCAL, STATE OR NATIONAL CODES, RULES OR REGULATIONS PERTAINING TO APPLIANCE PROCEDURES AND PRECAUTIONS. NOTHING SELLER SELLS IS FOR USE IN CONNECTION WITH ‘SAFETY-RELATED’ APPLICATIONS OF A NUCLEAR FACILITY OR ANY HAZARDOUS ACTIVITY WHERE FAILURE OF A SINGLE COMPONENT COULD CAUSE SUBSTANTIAL HARM TO PERSONS OR PROPERTY.

10. DELIVERY: Factory shipping dates given in advance of actual shipment are approximate and not guaranteed.

11. EXCUSABLE DELAYS: Seller shall have no liability if its performance is delayed or prevented by causes beyond its reasonable control, including, without limitation, acts of nature, labor disputes, government priorities, transportation delays, insolvency or other inability to perform by Seller’s Vendor, or any other commercial impracticability. In the event of any such delay, the date of delivery of performance shall be extended for a period equal to the time lost by reason of delay. Should shipments be held or stored beyond the delivery date for convenience of Buyer, Seller may, at its option, assess reasonable charges for any expense incident to such delay.

12. CLAIMS: Claims for any nonconforming Goods must be made by Buyer, in writing, within ten (10) days of Buyer’s receipt of such Goods and must state with particularity all material facts concerning the claim then known to Buyer. Failure by Buyer to give notice within such ten (10) day period shall constitute an unqualified acceptance of such Goods by Buyer, and a waiver of any right to reject or revoke acceptance of such Goods.

13. WARRANTIES:

(a) SELLER’S WARRANTIES: Seller warrants that all Goods sold are new and, upon payment in full by Buyer of the Goods, free and clear of any security interests or liens. Buyer’s exclusive remedy for breach of such warranties shall be replacement with a new product or termination of any security interests or liens. Seller is a distributor and not a manufacturer and makes no independent warranties other than those set forth herein.

(b) VENDOR’S WARRANTIES: Seller shall also assign to Buyer any Vendor warranties and/or remedies provided to Seller by its Vendor.

8. INTELLECTUAL PROPERTY INFRINGEMENT: SELLER DISCLAIMS ANY AND ALL WARRANTIES AND/OR INDEMNIFICATIONS AGAINST INFRINGEMENT OF ANY INTELLECTUAL PROPERTY RIGHTS OF ANY NATURE. SELLER SHALL, IF GIVEN PROMPT NOTICE BY BUYER OF ANY CLAIM OF INTELLECTUAL PROPERTY INFRINGEMENT WITH RESPECT TO ANY GOODS SOLD HEREUNDER, REQUEST THE MANUFACTURER TO GRANT FOR THE BUYER SUCH WARRANTY OR INDEMNITY RIGHTS AS THE MANUFACTURER MAY CUSTOMARILY GIVE WITH RESPECT TO SUCH GOODS.

9. LIMITATIONS: THERE ARE NO OTHER WARRANTIES WRITTEN OR ORAL, EXPRESS, IMPLIED OR BY STATUTE. NO IMPLIED STATUTORY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE APPLIES. NO REPAIR OF GOODS OR OTHER COSTS ARE ASSUMED BY SELLER UNLESS AGREED TO, IN ADVANCE, IN WRITING.

14. LIMITATION OF LIABILITY: UNLESS APPLICABLE LAW OTHERWISE REQUIRES, SELLER’S AND ANY VENDOR’S TOTAL LIABILITY TO BUYER, BUYER’S CUSTOMERS OR TO ANY OTHER PERSON, RELATING TO ANY PURCHASES COVERED BY THESE TERMS & CONDITIONS, FROM THE USE OF THE GOODS FURNISHED OR FROM ANY ADVICE, INFORMATION OR ASSISTANCE PROVIDED BY SELLER (BY ANY METHOD, INCLUDING A WEB SITE), IS LIMITED TO THE PRICE OF THE GOODS GIVING RISE TO THE CLAIM. NEITHER SELLER NOR ITS VENDORS SHALL BE LIABLE FOR ANY SPECIAL, INCIDENTAL, DIRECT, CONSEQUENTIAL OR PENAL DAMAGES (INCLUDING, BUT NOT LIMITED TO BACKCHARGES, LABOR COSTS, COSTS OF REMOVAL, REPLACEMENT, TESTING OR INSTALLATION, LOSS OF EFFICACY, LOSS OF PROFITS OR REVENUES, LOSS OF USE OF THE GOODS OR ANY ASSOCIATED GOODS, DAMAGE TO ASSOCIATED GOODS, LATENESS OR DELAYS IN DELIVERY, UNAVAILABILITY OF GOODS, COST OF CAPITAL, COST OF SUBSTITUTE GOODS, FACILITIES OR SERVICES, DOWNTIME, OR CLAIMS FROM BUYER’S CUSTOMERS OR OTHER PARTIES). IF SELLER FURNISHES BUYER WITH ADVICE OR OTHER ASSISTANCE WHICH CONCERNS ANY GOODS SOLD HEREUNDER, OR ANY SYSTEM OR EQUIPMENT IN WHICH ANY SUCH GOODS MAY BE INSTALLED, AND WHICH IS NOT REQUIRED PURSUANT TO THESE TERMS & CONDITIONS, THE FURNISHING OF SUCH ADVICE OR ASSISTANCE WILL NOT SUBJECT SELLER TO ANY LIABILITY, WHETHER BASED ON CONTRACT, WARRANTY, TORT (INCLUDING NEGLIGENCE) OR OTHER GROUNDS.

15. EXPORTS: If Goods are sold for export, Seller’s standard terms and conditions for export sales apply. Acceptance of export orders is not valid unless confirmed in writing by Seller. Buyer, NOT SELLER, is responsible for compliance with all applicable state export control rules and regulations. Buyer shall not name Seller as shipper or exporter of record in connection with the export of any Goods purchased from Seller.

16. ANTI-MONEY LAUNDERING RESTRICTIONS: Seller rejects suspicious orders and payments: Except for pre-approved credit arrangements, Seller accepts third-party payments, cashiers checks, money orders and bank drafts. Seller accepts only checks imprinted with Buyer’s name, wire transfers originating in Buyer’s account, letters of credit with Buyer as account party, and credit or debit cards in Buyer’s name. All payments must be by single instrument in the amount of the invoice, less credits, if any, from acceptable to Seller.

17. GOVERNING LAW: These Terms & Conditions and all disputes related to them shall be governed by the laws of the State of New York, United States of America, without giving effect to its conflict of law rules.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085329
Vendor Name: Glenbard Electric Supply Co.
Invoice Number: 1123602-05
Invoice Date: 05/10/13
PO Number: B0320789
Check Number: 124167
Check Amount: $376.20
Check Date: 07/25/2013
Department ID: 00705
Reviewer Name: None
Voucher Number: V0216275
Document Type: AP Invoice

Invoice Image Below
COLDUP
COLLEGE OF DUPage
ATTN: ACCOUNTS PAYABLE
425 FAYWELL
IL 60137-6599

GLEN ELLYN

INVOICE

BILL TO:
ROBERT S. CAMPBELL
100 W. GRAND AVE.
GLEN ELLYN, IL 60137

SHIPPED TO:
COLLEGE OF DUPage
ATTN: ACCOUNTS PAYABLE
425 FAYWELL
IL 60137-6599

INVOICE NUMBER: 1123602-05
DATE: 06/07/13

APPROVED 06/25/13
RONALD DULCEAK

BILLING ADDRESS:

COLDUP COLLEGE OF DUPage
ATTN: ACCOUNTS PAYABLE
425 FAYWELL
GLEN ELLYN, IL 60137-6599

SHIPPING ADDRESS:

COLLEGE OF DUPage
ATTN: ACCOUNTS PAYABLE
425 FAYWELL
GLEN ELLYN, IL 60137-6599

INVOICE AMOUNT DUE: $376.20

ITEM DESCRIPTION

UNIT PRICE

AMOUNT

6.2500
1.50

TOTAL AMOUNT DUE: $376.20

This invoice is approved and dated 06/25/13 by Ronald Dulceak.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1338057
Vendor Name: GoAnimate
Invoice Number: 5/24/13
Invoice Date: 05/24/13
PO Number: 325451
Check Number: E0021342
Check Amount: $ 524.00
Check Date: 07/24/2013
Department ID: 15165
Reviewer Name: None
Voucher Number: V0216217
Document Type: AP Invoice

Invoice Image Below
From: hainesn@cod.edu
Sent: Thu Jun 13 10:47:41 CDT 2013
To: "Haines, Nancy " <hainesn@cod.edu>,"invoicing@cod.edu 
<invoicing@cod.edu>
CC:
Subject: GoAnimate for Schools

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: Library SRC3031
Device Name: lrc-ps2

For more information on Xerox products and solutions, please visit http://www.xerox.com

[attachment: DOC.PDF]
GoAnimate For Schools

Invoice

Official Address: GoAnimate, Inc.
588 Sutter Street, Suite 823
San Francisco, CA 94102

Remittance Address: GoAnimate, Inc.
20 N. San Mateo Drive, Suite 3
San Mateo, CA 94401
Attn: Finance

Customer: College of DuPage
Address: undefined
Tel: 6309422785
Attn: Peggy McCarthy/Lara Tompkins

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<td>GoAnimate For Schools</td>
<td>US$524.00</td>
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<tr>
<td>includes 10 teacher accounts and 190 student accounts</td>
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Order number: 519EBAE07B2D3

PO# 325451
OK to Pay Y
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085560
Vendor Name: Grainger - Downers Grove
Invoice Number: 9166304502
Invoice Date: 06/13/13
PO Number: P0325502
Check Number: E0021343
Check Amount: $ 3,390.24
Check Date: 07/24/2013
Department ID: 00297
Reviewer Name:
Voucher Number: V0220683
Document Type: AP Invoice-3 Way/Pre-Approved

Invoice Image Below
**3 WAY MATCH**

**Grainger**

5959 W. Howard Street
Niles, IL 60714-4014
www.grainger.com

SHIP TO INFORMATION IS LISTED BELOW IN THE DESCRIPTION SECTION

BILL TO

MDG2013 00007753 1 AT 0384

COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

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Interested in receiving invoices via email? Sign up for paperless invoicing at: www.grainger.com/paperlessinvoicing

THANK YOU!

FOR ANY QUESTIONS ABOUT THIS INVOICE OR ACCOUNT CALL 1-877-202-2594

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<table>
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<tr>
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<th>QUANTITY</th>
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<th>UNIT PRICE</th>
<th>TOTAL</th>
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<td>1,870.20</td>
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AMOUNT DUE 1,870.20

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PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT.

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BILL TO:
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

REMIT TO:
GRAINGER
DEPT. 801544016
PALATINE, IL 60038-0001

---

ACCOUNT NUMBER 801544016  DATE 06/13/2013  INVOICE NUMBER 9166304502  AMOUNT DUE 1,870.20

FOR COMMENTS OR CHANGE OF ADDRESS, ENTER INFORMATION ON REVERSE SIDE.
GRAINGER STANDARD TERMS AND CONDITIONS

1. SALES POLICY

1.1 Wholesale Only. W & O Grainger, Inc. ("Grainger") sells products for business use to customers with proper business identification, which is required from all customers prior to purchase.

2. Prices

Prices listed are wholesale, do not include freight, handling, taxes, and are subject to correction or change without notice. Market-sensitive commodity products will be priced according to current market conditions. Customer should contact the local Grainger branch or check online at www.grainger.com for current pricing. Export orders may be subject to other pricing.

3. Sales Tax

Customers are responsible for payment of all applicable state and local taxes or for providing a valid sales tax exemption certificate. When placing an order, the customer should indicate which products are tax-exempt.

4. Payment and Credit Terms

Grainger accepts cash, cashier checks, money orders, Visa, MasterCard, and American Express. For customers with established credit, payment terms are net thirty (30) days from the date of shipment or pick-up. All credit is extended by Grainger to the customer, and the soliciting of such credit is at Grainger’s sole discretion and may be reduced or revoked at any time for any reason. Grainger reserves the right to charge a convenience fee for late payments. Grainger reserves the right to charge a customer late payment fee at the rate of one and one-half percent (1 1/2%) of the amount due for each month or portion thereof that the amount due remains unpaid, or such amount as may be permitted under applicable law. Acceleration and charge discounts are not allowed. Credit orders are subject to special export payment terms and conditions. All payments must be made in U.S. dollars. Grainger shall have the right of set-off and reduction for any sums owed by the customer to Grainger. If a customer fails to make payment within thirty (30) days after the date of shipment or pick-up, or fails to settle with Grainger’s credit bureau, or fails to supply adequate assurance of full performance to Grainger within a reasonable time after request by Grainger (such time as specified in Grainger’s request), Grainger may deliver shipments until such payment or compliance is made, reduce cash in advance for any further shipments, demand immediate payment in all amounts then owed, and to pursue collection action (including without limitation, attorneys’ fees and any and all other associated costs of collection), and may, at its option, cancel all or any part of an unshipped order.

Customer agrees to assume responsibility for, and hereby hereby unconditionally guarantees payment of, all provided orders. All orders made by customers, its subsidiaries and affiliates. Each of customer’s subsidiaries and affiliates purchasing from Grainger will be jointly and severally liable for purchases with customer, and customer is also acting as agent for such subsidiaries and affiliates.

5. Credit Balance

Customer agrees that any credit balances in favor of Grainger will be applied to customer’s account within one (1) year of issuance. If customer has NOT REQUESTED THE CREDIT BALANCE WITHIN ONE (1) YEAR, ANY REMAINING CREDIT BALANCE WILL BE CANCELLED, AND GRAINGER SHALL NOT HAVE FURTHER LIABILITY.

6. FREIGHT POLICY

Prices stated are F.O.B. origin, freight prepaid to destination specified in the order. Grainger charges a shipping and handling fee (whether included in initial ordering and revised on each order) which is based on the weight and size of the order anddeducted from the total invoice. Freight for shipping and handling charges will not be included in the order. Grainger covers shipping, handling, and standard delivery for orders over US $1500 per order, freight (including all back orders), C.O.D. shipments are not permitted. Other terms and conditions may vary for standard delivery ("Other Freight Services"), including but not limited to handling, expedited same day delivery, air freight, freight collect, prepaid and registered, hazardous materials, customer’s carrier, airfreight shipments outside the contiguous U.S. or other special handling by the customer. Any charges incurred for Other Freight Services must be paid by customer. Freight charges may be billed to the customer. Title and risk of loss pass to the customer upon tender of shipment to the carrier. If the product is damaged in transit, the customer’s only recourse is to file a claim with the carrier.

7. WARRANTIES POLICY

1. LIMITED WARRANTY

ALL PRODUCTS SOLD ARE WARRANTED BY GRAINGER ONLY TO CUSTOMERS FOR: (i) RETAIL OR (II) USE IN BUSINESS, GOVERNMENTAL OR ORIGINAL EQUIPMENT MANUFACTURING. GRAINGER WARRANTS PRODUCTS AGAINST DEFECTS IN MATERIALS AND WORKMANSHIP UNDER NORMAL USE FOR A PERIOD OF ONE (1) YEAR AFTER THE DATE OF PURCHASE FROM GRAINGER, UNLESS OTHERWISE STATED. PROVIDED THAT GRAINGER ACCEPTS THE PRODUCT FOR RETURN DURING THE LIMITED WARRANTY PERIOD, GRAINGER MAY, AT ITS OPTION, (I) REPAIR OR (II) REPLACE. GRAINGER SHALL, AT ITS OPTION, (I) REFUND THE FULL AMOUNT PAID BY CUSTOMER, OR (II) REPAIR OR REPLACE THE PRODUCT. GRAINGER MAKES NO WARRANTIES TO CUSTOMERS IN THE MANDATORY WARRANTY-FEDERAL TRADE COMMISSION PROMOTION INFRINGEMENT ACT.

2. WARRANTY DISCLAIMER

GRAINGER EXPRESSLY DISCLAIMS ANY WARRANTY FOR CONSEQUENT, INCIDENTAL, SPECIAL, EXEMPLARY, OR PUNITIVE DAMAGES GRAINGER’s LIABILITY IN ANY CIRCUMSTANCES IS LIMITED TO, AND SHALL NOT EXCEED THE PURCHASE PRICE PAID FOR THE PRODUCT THAT GIVES RISE TO ANY LIABILITY.

A FULL STATEMENT OF GRAINGER’S TERMS AND CONDITIONS IS AVAILABLE AT WWW.GRAINGER.COM AND IS INCORPORATED BY REFERENCE.

E. GENERAL TERMS

1. Force Majeure

Grainger shall not be liable for any delay in performance of any obligation arising out of force majeure event, including but not limited to acts of war, acts of terrorism (whether actual or threatened), governmental restrictions or controls, strikes, accidents, riots, labor disputes, shortages, strikes, shortages, floods, hurricanes, tornados, earthquakes, floods, earthquakes, fires, or other similar causes beyond the reasonable control of Grainger in the conduct of its business.

2. Limitation of Liability

Grainger holds harmless and indemnifies each of its officers, directors, employees, agents, subcontractors or representatives from and against any and all claims, including, without limitation, personal injury, property damage, and all other losses, losses, liabilities, obligations, damages, expenses and proceedings, whether or not based on contract, tort, or strict liability or otherwise, are caused or contributed to by any negligence, willful misconduct, or willful, wanton, or grossly negligent, or any other act or omission, actual or constructive, of Grainger, its employees, agents, or representatives.

3. Cancellation

All purchased orders must be approved by Grainger. Grainger will be entitled to deduct from the purchase price of the products. Grainger reserves the right to cancel any order at any time after it is placed, and shall not be liable for any such cancellation.

F. EXPORT SALES

Each product sold to a foreign country is subject to the terms and conditions set forth in www.grainger.com. and can be accessed on the "Terms of Sale" link.

FOR COMMENTS OR CHANGE OF ADDRESS, ENTER INFORMATION BELOW.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085560
Vendor Name: Grainger - Downers Grove
Invoice Number: 9164639743
Invoice Date: 06/11/13
PO Number: P0325631
Check Number: E0021343
Check Amount: $3,390.24
Check Date: 07/24/2013
Department ID: 17600
Reviewer Name:
Voucher Number: V0220682
Document Type: AP Invoice-3 Way/Pre-Approved

Invoice Image Below
**3 WAY MATCH**

**BILL TO:**
MD62013 00008104 1 AT 0384
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELYN, IL 60137-6599

**SHIP TO INFORMATION IS LISTED BELOW IN THE DESCRIPTION SECTION**

**ORDERS DELIVERED TO:**
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELYN, IL 60137-6599

**PO NUMBER:** 3256231
**PO ORDER/Delivery:** 6239641267
**PO FOB ORIGIN:**
**CARRIER:**
**DATE SHIPPED:** 06/11/2013
**TRACKING NO:** 124329640902759468

**DESCRIPTION**

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<th>QUANTITY</th>
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**NUMBER OF PKGS:** 2, **WEIGHT:** 16.00

**INVOICE SUB TOTAL:** 63.28

**AMOUNT DUE:** 63.28

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**PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT.**

**BILL TO:**
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELYN, IL 60137-6599

**REMIT TO:**
GRAINGER DEPT. 801544016
PALATINE, IL 60038-0001

**ACCOUNT NUMBER:** 801544016
**DATE:** 06/11/2013
**INVOICE NUMBER:** 9164639743
**AMOUNT DUE:** 63.28

FOR COMMENTS OR CHANGE OF ADDRESS, ENTER INFORMATION ON REVERSE SIDE.
GRAINGER STANDARD TERMS AND CONDITIONS

1. Wholesale Only.

W.W. Grainger, Inc. ("Grainger") sells products for business-to-business customers with greater business rationalization, which is required from all customers prior to purchase.

2. Prices.

Prices listed as a wholesale price do not include freight, handling fees, taxes, unloading, and are subject to correction or change without notice. Market fluctuations may result in products being priced according to current market conditions. Customers are encouraged to contact the Grainger branch or check online at www.grainger.com for current pricing. Export orders may be subject to certain pricing policies. Grainger reserves the right to reject or cancel any order.

3. Sales Tax.

Customers are responsible for payment on all applicable state and local taxes, and for providing a valid sales tax exemption certificate. When using an online account, customers should indicate which products are tax-exempt.

4. Payment and Credit Terms.

Grainger accepts cash, checks, money orders, Visa, MasterCard, and American Express. For customers with an established credit reputation, payment terms are net thirty (30) days from the date of shipment or pick-up. All credit extended by Grainger to a customer is subject to such credit terms. You have the right to change your credit terms at any time, and for any reason. Grainger reserves the right to stop a customer's credit file at the discretion of any one-half (1/2)-percent of the amount due for each month or portion thereof that the amount due remains unpaid. In addition, Grainger may make payments at any time, and for any reason. Grainger reserves the right to charge a convenience fee for late payments. Grainger further reserves the right to charge a customer's late payment file if the credit is not paid in full within thirty (30) days of the invoice date. Late fees are subject to change and will be at the discretion of Grainger. Grainger reserves the right to cancel any order at any time, for any reason.

5. Incoterms.

Grainger agrees to assume responsibility for and to indemnify and defend the customer against any and all claims, demands, actions, suits, costs, or expenses, including reasonable attorneys' fees and expenses, that arise out of or are related to the use of Grainger's products. Grainger reserves the right to change the terms of sale at any time, for any reason. Grainger reserves the right to cancel any order at any time, for any reason.


Before returning any product, customer should contact the local branch or call Customer Service at 1-888-361-8845. Any order that is returned must be accompanied by a return merchandise authorization (RMA) number. Returns must be made within thirty (30) days of the invoice date. Grainger reserves the right to reject or cancel any order at any time, for any reason.

7. Manufacturer's Warranty.

For information on a specific manufacturer's warranty, please contact the local branch or call Customer Service at 1-888-361-8845.

8. Product Compliance and Suitability.

Grainger reserves the right to change the terms of sale at any time, for any reason. Grainger reserves the right to cancel any order at any time, for any reason.

9. Import/Export Information.

Customers are responsible for informing Grainger of any changes in export or import laws or regulations that may affect the purchase of products. Grainger reserves the right to cancel any order at any time, for any reason. Grainger reserves the right to reject or cancel any order at any time, for any reason.


Grainger reserves the right to change the terms of sale at any time, for any reason. Grainger reserves the right to cancel any order at any time, for any reason.

11. Warranty.

All products sold are warranted by Grainger to be free from defects in material and workmanship for the period of time indicated on the product label or packaging. In the event of a product defect, the customer may return the product to Grainger for repair, replacement, or refund. If the product cannot be repaired or replaced, Grainger will refund the purchase price, less any applicable freight and handling charges.

12. Warranty Exclusions.

Grainger expressly disclaims any warranty for consequential, incidental, special, exemplary, or punitive damages. Grainger's liability in all circumstances is limited to, and shall not exceed, the purchase price paid for the product. In no event shall Grainger be liable for any lost or consequential damages, lost or damaged, lost or radioactive, or in any other way.


Grainger reserves the right to discontinue any product for any reason, at any time, for any reason.

14.終わった

Grainger reserves the right to make changes, corrections, or improvements to its products at any time, for any reason. Grainger reserves the right to cancel any order at any time, for any reason.

15. Force Majeure.

Grainger shall not be liable for any delay in, or impairment of, performance caused by any event or condition beyond its control, including, without limitation, acts of God, war, riot, civil commotion, strikes, lockouts, or other labor disputes, governmental action, insurrection, terrorism, or other similar events. Grainger shall not be liable for any delay in, or impairment of, performance caused by any event or condition beyond its control, including, without limitation, acts of God, war, riot, civil commotion, strikes, lockouts, or other labor disputes, governmental action, insurrection, terrorism, or other similar events.


Any dispute arising out of or relating to this Agreement shall be settled by binding arbitration in accordance with the rules of the American Arbitration Association. The decision of the arbitrator shall be final and binding on the parties.

17. Governing Law.

This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois, without regard to conflict of laws principles.

18. Entire Agreement.

This Agreement constitutes the entire understanding of the parties with respect to the subject matter hereof and supersedes all prior agreements or understandings, whether written or oral, concerning the subject matter hereof.

19. Assignment.

Neither party may assign this Agreement without the prior written consent of the other party, except that either party may assign this Agreement to a successor in business or to a third party that is not in competition with the other party.

20. Severability.

If any provision of this Agreement is held to be invalid or unenforceable, the other provisions of this Agreement shall remain in full force and effect.


Any amendments to this Agreement must be in writing and signed by both parties.

22. Governing Language.

This Agreement is written in English and shall be interpreted in accordance with the laws of the State of Illinois, without regard to conflict of laws principles.

23. Export Regulations.

Customers who purchase products from Grainger for export purposes shall comply with all applicable export regulations and laws. Grainger reserves the right to cancel any order at any time, for any reason.


This Agreement is written in English and shall be interpreted in accordance with the laws of the State of Illinois, without regard to conflict of laws principles.


This Agreement is written in English and shall be interpreted in accordance with the laws of the State of Illinois, without regard to conflict of laws principles.


This Agreement is written in English and shall be interpreted in accordance with the laws of the State of Illinois, without regard to conflict of laws principles.

27. Governing Language.

This Agreement is written in English and shall be interpreted in accordance with the laws of the State of Illinois, without regard to conflict of laws principles.


This Agreement is written in English and shall be interpreted in accordance with the laws of the State of Illinois, without regard to conflict of laws principles.

29. Governing Language.

This Agreement is written in English and shall be interpreted in accordance with the laws of the State of Illinois, without regard to conflict of laws principles.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085560
Vendor Name: Grainger - Downers Grove
Invoice Number: 9158958323
Invoice Date: 06/05/13
PO Number: P0325518
Check Number: E0021343
Check Amount: $ 272.52
Check Date: 07/24/2013
Department ID: 00577
Reviewer Name: None
Voucher Number: V0217596
Document Type: AP Invoice

Invoice Image Below
**Grainger Account Number:** 801544016  
**Invoice Number:** 9158958323  
**Invoice Date:** 06/05/2013  
**Due Date:** 07/05/2013  
**Amount Due:** 272.52

**PO Number:** 325518  
**Caller:** JANET FIX  
**Customer Phone:** (630) 942-2217  
**Order/Delivery:** ED10040772  
**Incoterms:** FOB Origin

Interested in receiving invoices via email?  
Sign up for paperless invoicing at:  
www.grainger.com/paperlessinvoicing

**Thank you!**  
**FEIN Number:** 361150880

**For any questions about this invoice or account:**  
**Call:** 1-877-202-2594

**The following items were shipped to:**  
MANAGER WAREHOUSE  
425 FAWELL BLVD  
COLLEGE OF DUPAGE TECHNICAL EDUCATION  
GLEN ELYN IL 60137

<table>
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<tr>
<th>PO Line #</th>
<th>Item #</th>
<th>Description</th>
<th>Quantity</th>
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<th>Unit Price</th>
<th>Total</th>
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</table>

**Number of PKGS:** 1  
**Weight:** 32.70  
**Date Shipped:** 06/05/2013  
**Carrier:** SAME DAY DYNAMEX CHIC  
**Tracking No.:** 138565756100068573

These items are sold for domestic consumption in the United States. If exported, purchaser assumes full responsibility for compliance with US export controls.

**Payment Terms:** NET 30 DAYS. PAY THIS INVOICE NO STATEMENT SENT. PAYABLE IN U.S. DOLLARS.

**Amount Due:** 272.52

Please detach this portion and return with your payment.

**Bill To:**  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELYN, IL 60137-6599

**Remit To:**  
GRAINGER  
DEPT. 801544016  
PALATINE, IL 60038-0001

801544016915895832100002725210000001000000010000013070561

**Account Number:** 801544016  
**Date:** 06/05/2013  
**Invoice Number:** 9158958323  
**Amount Due:** 272.52

For comments or change of address, enter information on reverse side.
Grainger Standard Terms and Conditions

A. Sales Policy

1. Wholesale Only.

Grainger, Inc. (“Grainger”) sells products for business use to customers with proper business identification, which must be confirmed by the shop or department to whom the order is shipped.

2. Price

Prices listed are wholesale, are subject to change without notice, and are subject to correction or change without notice. No written or email order will be accepted. Any alteration of the price will be subject to correction. If the price is not confirmed in writing, the customer will be charged the cost of the item at the time of the order.

3. Terms of Sale

Customers are responsible for payment of all applicable taxes and local taxes, if any, for providing a valid sales tax registration certificate. When placing an order, the customer must indicate which products are tax-exempt.

4. Payment and Credit Terms

Grainger accepts cash, checks, money orders, Visa, MasterCard, and American Express. For customers with established credit, payment terms vary from 30 days to 90 days. For credit extended by Grainger to customers, the following terms and conditions apply:

- 100% of the amount due for each invoice or shipment for all items are required before shipment.
- Partial shipments are subject to full payment.
- EFT payments are expected within 10 days of shipment.
- Credit for returned or damaged merchandise will be issued by Grainger within 10 days of receipt of return.
- Credit for defective merchandise will be issued by Grainger within 10 days of receipt of return.
- Any adjustments or credits will be issued by Grainger within 10 days of receipt of return.

5. Violation of Credit Terms

If a customer fails to make payments within the terms specified above, Grainger will reserve the right to withhold additional orders until payment is made in full. Grainger reserves the right to charge a 1% late fee for any outstanding accounts.

6. Credit Limit

Grainger reserves the right to assign credit limits to customers and may limit or refuse credit to customers at any time. Grainger reserves the right to charge a 1% late fee for any outstanding accounts.

7. Warranty Policy

Grainger warrants that all products sold by Grainger are free from defects in material and workmanship under normal use for a period of one (1) year from the date of purchase. This warranty is non-transferable and applies only to the original purchaser.

8. Product Liability

Grainger is not responsible for any damages or injuries caused by the use of its products. Grainger will not be liable for any consequential or incidental damages.

9. Damages

Grainger reserves the right to repair or replace any damaged product after inspection. For all claims, the customer must submit a written request for repair or replacement.

10. Return Policy

Grainger accepts returns for credit within 30 days of purchase. Returns must be in their original packaging and must be accompanied by a written return authorization from Grainger. Returned products must be in their original condition and must be returned in the original packaging.

11. Refund Policy

Grainger reserves the right to adjust prices and terms. All prices and terms are subject to change without notice. Grainger reserves the right to change its policies and procedures at any time.

12. Legal Disclaimers

Grainger disclaims any liability for consequential, incidental, special, exemplary, or punitive damages. Grainger disclaims all liability in all circumstances and is not liable for any losses or damages, including but not limited to, the purchase price paid for the product. Grainger disclaims all liability for any losses or damages, including but not limited to, the purchase price paid for the product.

A full statement of Grainger’s terms and conditions is available at www.grainger.com and is incorporated by reference.

FOR COMMENTS OR CHANGE OF ADDRESS: ENTER INFORMATION BELOW.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085560
Vendor Name: Grainger - Downers Grove
Invoice Number: 9152350444
Invoice Date: 05/28/13
PO Number: B0318276
Check Number: E0020964
Check Amount: $ 8,620.11
Check Date: 07/10/2013
Department ID: 00705
Reviewer Name: None
Voucher Number: V0217777
Document Type: AP Invoice

Invoice Image Below
GRAINGER ACCOUNT NUMBER | 801544016
INVOICE NUMBER | 9152350444
INVOICE DATE | 05/28/2013
DUE DATE | 06/27/2013
AMOUNT DUE | 30.42

PO NUMBER: 80318276
CALLER: DAVE RICHER
CUSTOMER PHONE: (630) 942-2800
ORDER/Delivery: 8229311786
INCO TERMS: FOB ORIGIN

Interested in receiving invoices via email? Sign up at grainger.com/office

Thank you!

APPROVED 06/25/13
RONALD DUGLISH

<table>
<thead>
<tr>
<th>PO LINE #</th>
<th>ITEM #</th>
<th>DESCRIPTION</th>
<th>QUANTITY</th>
<th>BACKORDERED</th>
<th>UNIT PRICE</th>
<th>TOTAL</th>
</tr>
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NUMBER OF PKGS: 0
WEIGHT: 2.70
DATE SHIPPED: 05/28/2013

INVOICE SUB TOTAL: 30.42

These items are sold for domestic consumption in the United States. If exported, purchaser assumes full responsibility for compliance with US export controls.

PAYMENT TERMS NET 30 DAYS. PAY THIS INVOICE NO STATEMENT SENT. PAYABLE IN U.S. DOLLARS

AMOUNT DUE 30.42

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PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT.

---

BILL TO:
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

REMIT TO:
GRAINGER
DEPT. 801544016
PALATINE, IL 60038-0001

80154401691523504441000000304210000000100000001000000013062726

ACCOUNT NUMBER | DATE | INVOICE NUMBER | AMOUNT DUE
801544016 | 05/28/2013 | 9152350444 | 30.42

FOR COMMENTS OR CHANGE OF ADDRESS, ENTER INFORMATION ON REVERSE SIDE.
GRAINGER STANDARD TERMS AND CONDITIONS

1. Wholesale Only. W.W. Grainger, Inc. ("Grainger") sells products for business use to customers with proper business identification, which is required from all customers prior to purchase.

2. Prices. Prices listed are wholesale, do not include freight, handling fees, sales, value added, and are subject to change at any time without notice. Market sensitive commodity products will be billed according to current market conditions. Customer must contact the local Grainger branch or visit our website www.grainger.com for current pricing. Expiration dates may be subject to similar special pricing. Grainger reserves the right to accept or reject any order.

3. Terms. Customers are responsible for payment of all applicable state and local taxes, or for providing a valid tax exemption certificate when placing an order. Customer shall indicate which products are tax exempt.

4. Payment and Credit Terms. Grainger accepts cash, checks, money orders, Visa, MasterCard, and American Express. For transactions with associated Grainger credit, grace terms are not available (30 days from the date of shipment for credit card purchases). All accounts are subject to a 1% finance charge for late payments. All accounts are subject to credit checks for renewals and credit limit changes. All orders are subject to credit approval and credit limits. Grainger reserves the right to charge a convenience fee for late payments. Grainger reserves the right to charge a late payment fee at the discretion of the account manager. If Grainger determines that a customer is not creditworthy, it may refuse to extend credit. If a customer becomes delinquent in its payments, Grainger reserves the right to take all necessary actions to collect the amount owed, including but not limited to legal action.

5. Warranty Policy. Warranty periods vary by product. All products are warranted for one year from the date of purchase. Grainger reserves the right to inspect any product returned for warranty. If the product is found to be defective, Grainger will repair or replace it at no charge. If the product is found to be non-defective, the customer will be charged for the return shipping costs. Grainger reserves the right to refuse warranty claims if the product has been modified or abused. Warranty claims must be submitted within 30 days of the purchase date. Grainger will not be liable for any damages resulting from the use of the product, including but not limited to interruptions in service or loss of data. Grainger will not be liable for any indirect, incidental, special, or consequential damages, whether direct or indirect, arising out of or in connection with the use of the product or inability to use the product.

6. Product Replacement. Before replacing any product, Grainger will verify the warranty status of the product and replace it if necessary. If the product is found to be non-defective, the customer will be charged for the replacement cost. Grainger will not be liable for any damages resulting from the use of the product, including but not limited to interruptions in service or loss of data. Grainger will not be liable for any indirect, incidental, special, or consequential damages, whether direct or indirect, arising out of or in connection with the use of the product or inability to use the product.

7. Product Substitution. Grainger reserves the right to substitute products of equivalent quality and performance. If a product is unavailable, Grainger will substitute a product of equal or greater value. Grainger will not be liable for any damages resulting from the use of the product, including but not limited to interruptions in service or loss of data. Grainger will not be liable for any indirect, incidental, special, or consequential damages, whether direct or indirect, arising out of or in connection with the use of the product or inability to use the product.

8. Return of Product. All products must be returned to Grainger within 30 days of the purchase date. Grainger reserves the right to refuse any returns without prior authorization. If the product is found to be defective, Grainger will repair or replace it at no charge. If the product is found to be non-defective, the customer will be charged for the return shipping costs. Grainger reserves the right to refuse warranty claims if the product has been modified or abused. Warranty claims must be submitted within 30 days of the purchase date. Grainger will not be liable for any damages resulting from the use of the product, including but not limited to interruptions in service or loss of data. Grainger will not be liable for any indirect, incidental, special, or consequential damages, whether direct or indirect, arising out of or in connection with the use of the product or inability to use the product.

9. General Terms. Force Majeure. Grainger shall not be liable for any delay in, or interruption of, performance arising out of or caused by Acts of God, including but not limited to acts of war, acts of terrorism (whether or not declared as such by the government at the time of occurrence), governmental decrees or controls, strikes, riots, insurrections, epidemics, wars, governmental controls or restrictions, import or export delays, changes in laws or regulations, or any other cause or circumstance beyond its control. Such delays shall be added to the time allowed for the performance of the Agreement without making the performance of the Agreement impossible, and the time for compliance shall be extended in proportion. Grainger shall not be liable for any delay in, or interruption of, performance arising out of or caused by Acts of God, including but not limited to acts of war, acts of terrorism (whether or not declared as such by the government at the time of occurrence), governmental decrees or controls, strikes, riots, insurrections, epidemics, wars, governmental controls or restrictions, import or export delays, changes in laws or regulations, or any other cause or circumstance beyond its control. Such delays shall be added to the time allowed for the performance of the Agreement without making the performance of the Agreement impossible, and the time for compliance shall be extended in proportion.

10. General Terms. Warranty. Grainger expressly disclaims any warranty, express or implied, and any liability for any consequential damages, incidental, special, or punitive damages. Grainger's liability in all circumstances is limited to, and shall not exceed, the purchase price paid for the product that gives rise to any liability. A FULL STATEMENT OF GRAINGER'S TERMS AND CONDITIONS IS AVAILABLE AT WWW.GRAINGER.COM AND IS INCORPORATED BY REFERENCE.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085560
Vendor Name: Grainger - Downers Grove
Invoice Number: 9153530663
Invoice Date: 05/29/13
PO Number: B0318276
Check Number: E0020964
Check Amount: $8,620.11
Check Date: 07/10/2013
Department ID: 00705
Reviewer Name: None
Voucher Number: V0217790
Document Type: AP Invoice

Invoice Image Below
**APPROVED 06/25/13**

**RONALD DULCEAK**

<table>
<thead>
<tr>
<th>PO LINE #</th>
<th>ITEM #</th>
<th>DESCRIPTION</th>
<th>QUANTITY</th>
<th>BACK ORDERED</th>
<th>UNIT PRICE</th>
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These items are sold for domestic consumption in the United States. If exported, purchaser assumes full responsibility for compliance with U.S. export controls.

PAYMENT TERMS NET 30 DAYS. PAY THIS INVOICE NO STATEMENT SENT. PAYABLE IN U.S. DOLLARS.

AMOUNT DUE 135.70

PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT.

BILL TO:
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

REMIT TO:
GRAINGER
DEPT. 801544016
PALATINE, IL 60038-0001

X
ACCOUNT NUMBER 801544016
DATE 05/29/2013
INVOICE NUMBER 9153530663
AMOUNT DUE 135.70

FOR COMMENTS OR CHANGE OF ADDRESS, ENTER INFORMATION ON REVERSE SIDE.
GRAINGER STANDARD TERMS AND CONDITIONS

1. Sales Policy. Granger, Inc. ("Granger") sells products for business use to customers with proper business identification, which are received by all customers prior to purchase.

2. Prices. Prices listed are freight, insurance, and all taxes, and are subject to change without notice. The prices are net of any cash discounts or other allowances. All prices are subject to change without notice.

3. Sales Tax. The price paid for products is subject to sales tax. The amount of sales tax is determined by the state or local taxing authority and may vary depending on the location of the sale.

4. Payment and Credit Terms. Granger accepts cash, credit cards, and other forms of payment that are accepted by Granger. Payment is due within thirty (30) days of the invoice date. Late charges may be applied to accounts that are not paid within the specified period.

5. Warranty and Return Policy. Before returning any product, customers must obtain a Return Authorization Number (RA) from the Customer Service Department. Returns must be made within thirty (30) days of the invoice date. Returns are subject to the following conditions:

   a. The product must be in its original condition, including all packaging and accessories.
   b. The product must be accompanied by a copy of the original invoice.
   c. The product must be returned in its original packaging.

6. Damages. Claims for damages in transit must be filed with the carrier within ten (10) days of receipt. Claims for shortages must be filed within ten (10) days of receipt.

7. Export Orders. Export orders are subject to the terms and conditions of sale and are subject to the discretion of Granger.

8. Product Specifications. Granger reserves the right to change product specifications without notice.

9. Customer Service. Granger's Customer Service Department is available to assist customers with any questions or concerns they may have.

10. General Terms. These terms and conditions apply to all sales and purchases made by Granger.

11. Force Majeure. Granger shall not be liable for any delay in, or interruption of, performance caused by circumstances beyond its control, including but not limited to acts of God, fire, floods, riots, wars, acts of terrorism (whether actual or threatened), governmental decrees or orders, ordinances, strikes, epidemics, quarantines, shortages, transportation or power failures, loss or damage to property, strikes, lockouts, or other causes beyond its control.

12. Arbitration. Any dispute arising out of or relating to these terms and conditions shall be settled by arbitration in accordance with the rules of the American Arbitration Association.

13. Governing Law. These terms and conditions shall be governed by the laws of the state in which Granger is located.

14. Entire Agreement. These terms and conditions constitute the entire agreement between the parties and supersede all prior negotiations, understandings, and agreements.

A FULL STATEMENT OF GRAINGER'S TERMS AND CONDITIONS IS AVAILABLE ON www.granger.com AND IS INCORPORATED BY REFERENCE.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085560
Vendor Name: Grainger - Downers Grove
Invoice Number: 9153889515
Invoice Date: 05/29/13
PO Number: B0318276
Check Number: E0020964
Check Amount: $ 8,620.11
Check Date: 07/10/2013
Department ID: 00705
Reviewer Name: None
Voucher Number: V0217789
Document Type: AP Invoice

Invoice Image Below
## Original Invoice Details

### General Information
- **Invoice Number**: 801544016
- **Invoiced By**: GRAINGER
- **Invoice Date**: 05/29/2013
- **Due Date**: 06/28/2013
- **Amount Due**: 46.23

### Ship to Information
- **Bill To**: MDG2013 00008240 1 AT 0384 COLLEGE OF DUPAGE 425 FAWELL BLVD GLEN ELLYN, IL 60137-6599

### Order Details

<table>
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<tr>
<th>PO Line #</th>
<th>Item #</th>
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<th>Quantity</th>
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</tr>
</tbody>
</table>

These items are sold for domestic consumption in the United States. If exported, purchaser assumes full responsibility for compliance with U.S. export controls.

### Terms
- **Payment Terms**: Net 30 days, pay this invoice no statement sent, payable in U.S. Dollars.

### Thank You!

Thank you for your business. For any questions about this invoice or account, call 1-877-202-2594

---

**Approved 06/25/13**

**Ronald Dulceak**

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**Bill To**
- COLLEGE OF DUPAGE
- 425 FAWELL BLVD
- GLEN ELLYN, IL 60137-6599

**Remit To**
- GRAINGER
- DEPT. 801544016
- PALATINE, IL 60038-0001

---

**Account Number**: 801544016 **Date**: 05/29/2013 **Invoice Number**: 9153889515 **Amount Due**: 46.23

**For comments or change of address, enter information on reverse side.**
GRAINGER STANDARD TERMS AND CONDITIONS

1. Sales Policy
   a. W.W. Grainger, Inc. ('Grainger') sells products for business use to customers with prior business identification, which is requested from all customers on initial purchase.
   b. Prices
      i. Prices listed are wholesale, do not include freight, handling, sales, and/ or sales tax, and are subject to correction or change without notice. Minimum quantity requirements will be priced according to current market conditions. Contact your local Grainger branch to obtain the current price for each item.

2. Taxes
   a. Sales Tax
      i. Customers are responsible for payment of all applicable state and local taxes, or for providing a valid sales tax exemption certificate. When placing an order, customer shall indicate which products are tax exempt.
   b. Payment and Credit Terms
      i. Grainger accepts cash, checks, money orders, Visa, MasterCard, and American Express. For customers with established credit, payment terms are Net 30 days (20 days of the receipt of shipment or pickup). All credit extended is subject to credit evaluation by Grainger and at the discretion of Grainger. Minimum purchase amounts vary by customer. Contact your local Grainger branch to obtain the correct minimum purchase amount for your account. Orders under the minimum amount are subject to a minimum order charge.
   c. Credit Line
      i. Credit may be established at the discretion of Grainger. To obtain credit line approval, customers must meet certain credit criteria, which may require a complete financial statement. Customers whose credit terms are credit are subject to periodic reviews. Grainger reserves the right to change the credit terms for any reason, including but not limited to non-payment or delinquency.

3. Warranty
   a. Limited Warranty
      i. All products sold by Grainger are warranted to the original purchaser against defects in materials and workmanship for one year from the date of purchase. Grainger's warranty does not apply to consumables or products that have been altered, repaired, or modified without Grainger's written consent.
   b. Warranty Claim
      i. To make a warranty claim, contact your local Grainger branch or call the Grainger Customer Service Department at 1-800-356-3847. Claims will be processed in the order they are received.

4. Warranty Product Return
   a. Within 30 days of receipt, return the defective product to your local Grainger branch for credit or replacement. All returns must be accompanied by a return authorization number issued by Grainger. Any costs incurred in returning the product are the responsibility of the customer.

5. Environmental and Health Regulations
   a. Compliance
      i. Grainger is committed to compliance with all applicable environmental and health regulations. Grainger's product compliance is determined by the applicable regulatory authority and is subject to change without notice.

6. Product Information
   a. Catalog/Website Information
      i. Grainger reserves the right to correct catalog errors or updates its website. Product descriptions in the catalog or on the website are for informational purposes only. Place orders or call Grainger; literature or catalogue does not constitute the right to purchase products.

7. Product Substitutions
   a. Grainger has the right to make substitutions for any products listed in the catalogue or on the website. Each substitution is subject to availability and may vary from product to product.

8. Environmental and Health Regulations
   a. Compliance
      i. Grainger is committed to compliance with all applicable environmental and health regulations. Grainger's product compliance is determined by the applicable regulatory authority and is subject to change without notice.

9. Service
   a. Service Standards
      i. Grainger is committed to providing high-quality customer service. Grainger's service standards are determined by the applicable regulatory authority and are subject to change without notice.

10. General Terms
    a. General Conditions
       i. These General Terms and Conditions govern all transactions between Grainger and its customers. These terms and conditions supersede all previous agreements and representations, whether oral or written, between Grainger and its customers. These terms and conditions are the sole and exclusive terms and conditions governing all transactions between Grainger and its customers. Any additional terms and conditions specified by the customer in any purchase order, invoice, or other document shall be void and of no force and effect unless otherwise agreed to in writing by Grainger.

11. Dispute Resolution
    a. Dispute Resolution
       i. Any controversy or claim arising out of or relating to these General Terms and Conditions, or the breach thereof, shall be settled by arbitration in accordance with the rules of the American Arbitration Association and shall be heard in the State of Illinois, County of Cook. The arbitrator(s) shall be selected by mutual agreement of the parties or, in the absence of such agreement, by the American Arbitration Association. The decision of the arbitrator(s) shall be final and binding on the parties.

12. Export
    a. Export
       i. These General Terms and Conditions are subject to the terms and conditions of the export laws of the United States of America and any other applicable laws or regulations.

FOR COMMENTS OR CHANGE OF ADDRESS, ENTER INFORMATION BELOW.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085560
Vendor Name: Grainger - Downers Grove
Invoice Number: 9153530655
Invoice Date: 05/29/13
PO Number: B0318276
Check Number: E0020964
Check Amount: $8,620.11
Check Date: 07/10/2013
Department ID: 00705
Reviewer Name: None
Voucher Number: V0217788
Document Type: AP Invoice

Invoice Image Below
**GRAINGER ACCOUNT NUMBER:** 801544016  
**INVOICE NUMBER:** 9153530655  
**INVOICE DATE:** 05/29/2013  
**DUE DATE:** 06/28/2013  
**AMOUNT DUE:** 81.99

**Ship to information is listed below in the description section**

**BILL TO:**
MDG2013 00008240 1 AT 0364  
COLLEGE OF DUPAGE  
425 FAWELE BLVD  
GLEN ELLYN, IL 60137-6599

**PO NUMBER:** 80318276  
**CALLER:** JON HAUSHAHN  
**CUSTOMER PHONE:** (630) 942-2900  
**ORDER/DISPLAY:** 6229416492  
**INCO TERMS:** FOB ORIGIN

---

**FOR ANY QUESTIONS ABOUT THIS INVOICE OR ACCOUNT CALL 1-877-202-2594**

<table>
<thead>
<tr>
<th>PO LINE #</th>
<th>ITEM #</th>
<th>DESCRIPTION</th>
<th>QUANTITY</th>
<th>UNIT-PRICE</th>
<th>TOTAL</th>
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<td>81.99</td>
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</tr>
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**AMOUNT DUE:** 81.99

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**Please detach this portion and return with your payment.**

**ACCOUNT NUMBER:** 801544016  
**DATE:** 05/29/2013  
**INVOICE NUMBER:** 9153530655  
**AMOUNT DUE:** 81.99

**FOR COMMENTS OR CHANGE OF ADDRESS, ENTER INFORMATION ON REVERSE SIDE.**

**APPROVED 06/25/13**

**RONALD DULCEAK**

---

**REMIT TO:**
GRAINGER  
DEPT. 801544016  
PALATINE, IL 60038-0001
GRAINGER STANDARD TERMS AND CONDITIONS

1. Wholesale Only
   W.W. Grainger, Inc. ("Grainger") sells products for business use to customers with proper business identification which is required from all customers prior to purchase.

2. Prices
   Prices listed are non-refundable, do not include freight, handling fees, taxes, and/or duties, and are subject to correction or change without notice. Munet1tis, commodity prices, and freight charges may be regulated according to current market conditions.

3. Sales Tax
   Customers are responsible for payment of all applicable state and local taxes, or for providing a valid sales tax exemption certificate. When placing an order, complete details shall include products which are tax exempt.

4. Payment and Credit Terms
   Grainger requires payment in full at the time of shipment or within 10 days of receipt of invoice, whichever is later. All other terms and conditions set forth herein may be subject to approval.

5. Warranty
   Grainger warrants that all products it sells comply with the applicable governmental regulatory and standards requirements to which they are subject. In the event of a warranty claim, the customer must report the concern to Grainger within the warranty period. The warranty period is generally 90 days or 1 year from the date of receipt. If a product is returned for repair, replacement, or refund, the customer shall prepay all shipping costs. Grainger will not repair or return products for which repair or return is not authorized in advance. The customer shall prepay all shipping costs associated with returns.

6. Product Compliance and Return
   Grainger makes no warranty, express or implied, regarding product performance or compatibility with customer's equipment or systems. Grainger shall have no responsibility for any failure to perform as a result of such incompatibility. Grainger may, but is not required to, provide technical assistance to address any incompatibility issues.

7. Product Return
   Customers may return products for credit or replacement if the products are in new, unused condition and are returned within the warranty period. Grainger reserves the right to refuse returns after the warranty period.

8. Service
   Grainger provides technical support to customers for products in good working order. Grainger's technical support team is available to assist customers with installation, configuration, and troubleshooting issues.

9. Warranty and Return Policy
   All products sold by Grainger are subject to Grainger's standard warranty and return policy. For more information, visit www.grainger.com and click on the "Buyer's Guide" tab at the top of the page.

10. Warranty and Return Policy for Grainger
   Grainger warrants that all products it sells comply with the applicable governmental regulatory and standards requirements to which they are subject. In the event of a warranty claim, the customer must report the concern to Grainger within the warranty period. The warranty period is generally 90 days or 1 year from the date of receipt. If a product is returned for repair, replacement, or refund, the customer shall prepay all shipping costs. Grainger will not repair or return products for which repair or return is not authorized in advance. The customer shall prepay all shipping costs associated with returns.

11. Service
   Grainger provides technical support to customers for products in good working order. Grainger's technical support team is available to assist customers with installation, configuration, and troubleshooting issues.

12. Warranty and Return Policy for Grainger
   All products sold by Grainger are subject to Grainger's standard warranty and return policy. For more information, visit www.grainger.com and click on the "Buyer's Guide" tab at the top of the page.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085560
Vendor Name: Grainger - Downers Grove
Invoice Number: 9160595287
Invoice Date: 06/06/13
PO Number: B0318276
Check Number: E0020964
Check Amount: $ 8,620.11
Check Date: 07/10/2013
Department ID: 00705
Reviewer Name: None
Voucher Number: V0217606
Document Type: AP Invoice

Invoice Image Below
The following items were shipped to:
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELYN, IL 60137-6599

<table>
<thead>
<tr>
<th>LINE#</th>
<th>ITEM#</th>
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<th>QUANTITY</th>
<th>BACK ORDERED</th>
<th>UNIT PRICE</th>
<th>TOTAL</th>
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</thead>
<tbody>
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<td></td>
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</tr>
</tbody>
</table>

These items are sold for domestic consumption in the United States. If exported, purchaser assumes full responsibility for compliance with US export controls.

PAYMENT TERMS NET 30 DAYS. PAY THIS INVOICE NO STATEMENT SENT. PAYABLE IN U.S. DOLLARS

AMOUNT DUE 80.31

PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT.

BILL TO:
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELYN, IL 60137-6599

REMIT TO:
GRAINGER
DEPT. 801544016
PALATINE, IL 60065-0001

801544016 06/06/2013 9160595287 07/06/2013

ACCOUNT NUMBER 801544016 DATE 06/06/2013 INVOICE NUMBER 9160595287 AMOUNT DUE 80.31

FOR COMMENTS OR CHANGE OF ADDRESS, ENTER INFORMATION ON REVERSE SIDE.
GRAINGER STANDARD TERMS AND CONDITIONS

1. SALES POLICY
   1.1 Wholesaler Only. W.W. Grainger, Inc. ("Grainger") sells products for business use to customers with proper business identification, which is required from all customers prior to purchase.

2. Prices
   2.1 Prices listed are exclusive of, but do not include, freight, handling fees, taxes, and duties. All such charges are subject to correction upon notice without notice. Market sensitive commodity products will be priced according to current market conditions.

3. Sales Tax
   3.1 Customers are responsible for payment of all applicable state and local taxes, or for providing a valid sales tax exemption certificate. When placing an order, customers should indicate which products are tax exempt.

4. Payment and Credit Terms
   4.1 Grainger accepts cash, checks, money orders, Visa, MasterCard, and American Express. For customers with established Grainger credit, payment terms are not more than 30 days from the date of shipment or pick-up. All credit extended by Grainger to customers is subject to the determination of creditworthiness and may be reduced or revoked at any time, for any reason. Grainger reserves the right to charge a default interest rate for late payments. Grainger further reserves the right to charge a minimum interest fee for late payments. Grainger will not accept or process any payment that is not timely and in full. Invoices must be paid within 30 days of billing or any late fees will be charged. Payment terms are subject to special export payment terms and conditions. All payments must be made in U.S. dollars. Grainger reserves the right to charge a default interest rate for any late payments. Grainger reserves the right to charge interest on any delinquent accounts. Delinquent accounts will be subject to collection costs and other fees. Delinquent accounts will be subject to collection costs and other fees.

5. Credit Balance
   5.1 Customers are responsible for paying for all products purchased prior to the date of issuance. If Grainger considers a customer to be delinquent in the payment of any invoice, Grainger may suspend credit or require full payment in advance for future shipments. Credit balances will be reduced by any returns, allowances, or credits issued by Grainger.

6. Freight Policy
   6.1 Prices are ex works, EXW, and freight prepaid to destination specified in the order. Grainger charges a handling fee for all freight, including handling and freight charges. Customers are responsible for payment of freight, handling, and all other charges. Customers are responsible for payment of all freight, handling, and all other charges.

7. Warranty Policy
   7.1 Limited Warranty: ALL PRODUCTS SOLD ARE WARRANTED BY GRAINGER TO CUSTOMERS FOR (1) REPAIR, OR (2) USE IN BUSINESS, GOVERNMENT, OR ORIGINAL EQUIPMENT MANUFACTURER. GRAINGER DISCLAIMS PRODUCTS AGAINST DEFECTS IN MATERIALS AND WORKMANSHIP UNDER NORMAL USE FOR A PERIOD OF ONE (1) YEAR FROM THE DATE OF PURCHASE.

8. Warranty Disclaimer
   8.1 Grainger EXPRESSLY DISCLAIMS ANY WARRANTY OR IMPLIED WARRANTY, INCLUDING BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND ALL OTHER WARRANTIES, INCLUDING BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND ALL OTHER WARRANTIES, INCLUDING BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

9. Limitation of Liability
   9.1 Grainger EXPRESSLY DISCLAIMS ANY LIABILITY FOR CONSEQUENTIAL, INCIDENTAL, SPECIAL, EXEMPLARY, OR INDIRECT DAMAGES. GRAINGER'S LIABILITY IN ANY CIRCUMSTANCE IS LIMITED TO AND SHALL NOT EXCEED THE PURCHASE PRICE PAID FOR THE PRODUCT THAT GIVES RISE TO ANY LIABILITY.

A FULL STATEMENT OF GRAINGER'S TERMS AND CONDITIONS IS AVAILABLE ON WWW.GRAINGER.COM AND IS INCORPORATED BY REFERENCE.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085560
Vendor Name: Grainger - Downers Grove
Invoice Number: 9161095337
Invoice Date: 06/06/13
PO Number: B0318276
Check Number: E0020964
Check Amount: $ 8,620.11
Check Date: 07/10/2013
Department ID: 00705
Reviewer Name: None
Voucher Number: V0217605
Document Type: AP Invoice

Invoice Image Below
**APPROVED 06/25/13**

**RONALD DULCEAK**

<table>
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<tr>
<th>PO LINE #</th>
<th>ITEM #</th>
<th>DESCRIPTION</th>
<th>QUANTITY</th>
<th>BACK ORDERED</th>
<th>UNIT PRICE</th>
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<tr>
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**INVOICE SUB TOTAL** 19.04

**AMOUNT DUE** 19.04

**PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT.**

**BILL TO:**
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELlyn, IL 60137-6599

**REMIT TO:**
GRAINGER
DEPT. 801544016
PALATINE, IL 60038-0001

---

**801544016 9161095337 19.04 19.04 06/06/2013 07/06/2013 19.04**

**ACCOUNT NUMBER** 801544016 **DATE** 06/06/2013 **INVOICE NUMBER** 9161095337 **AMOUNT DUE** 19.04

**FOR COMMENTS OR CHANGE OF ADDRESS, ENTER INFORMATION ON REVERSE SIDE.**
GRAINGER STANDARD TERMS AND CONDITIONS

1. SALES POLICY

1.1 Wholesale Only.

W.W. Grainger, Inc. ("Grainger") sells products for business and to customers with proper business identification, which is required from all customers prior to purchase.

1.2 Prices

Prices listed are wholesale, do not include freight, handling fees, taxes, and/or duties, and are subject to cancellation or change without notice. Market sensitive commodity prices will be priced according to current market conditions. Customers should contact their local Grainger branch or check online at www.grainger.com for current pricing. Orders may be subject to other special pricing. Grainger reserves the right to accept or reject any order.

1.3 Sales Tax

Customers are responsible for paying all applicable state and local taxes, or for providing a valid resale or exemption certificate. When placing an order, customers shall indicate which products are tax exempt.

1.4 Payment and Credit Terms

Grainger accepts cash, check, money orders, Visa, MasterCard, and American Express. For accounts with established Grainger credit, payment terms are net thirty (30) days from the date of shipment or pickup. All credit extended by Grainger to customers, and the terms of such credit, is subject to Grainger's sole discretion, and may be reduced or revoked by Grainger at any time, for any reason. Grainger reserves the right to charge a 1% per month finance charge on past due accounts. Payment on all orders is due in full within thirty (30) days from the date of invoice. If payment is not received within thirty (30) days, interest will be charged at the current prime rate plus 1%.

1.5 Credit Balance

Customer accounts are subject to special export payment terms and conditions. All accounts must be paid in U.S. dollars. Grainger retains the right to charge a service fee for any service or export charges. All accounts must be paid in full within 30 days of receipt of invoice. Interest will be charged on all overdue invoices at the current prime rate plus 1%

1.6 Freight Payment

Prices quoted are F.O.B. origin, freight prepaid to destination specified in the order. Grainger charges a shipping and handling fee (which includes normal handling and related expenses) on each order which is applied at time of order and reflects on customer's invoice. Rates for shipping and handling charges will not be reduced. Grainger covers shipping and handling for standard delivery only (US $150 before tax and freight (including any local taxes, C.O.D. charges are not permitted). Other terms and conditions may apply for any standard delivery ("Other Freight Services"), including but not limited to, expedited service, air freight, freight collect, export orders, hazardous materials, customer's carrier shipped outside the contiguous U.S., or other special handling by the carrier. Any charges incurred for other freight services must be paid by customer. Fuel surcharges may be applied. For orders less than $100, freight is billed to customer on orders under $100, freight is billed to customer. If the product is returned in transit, the customer's only recourse is to file a claim with the carrier.

2. WARRANTY POLICY

2.1 Limited Warranty

ALL PRODUCTS SOLD ARE WARRANTED BY GRAINGER TO CUSTOMERS FOR: (1) RESALE; OR (2) USE IN BUSINESS, GOVERNMENT OR ORIGINAL EQUIPMENT MANUFACTURE. GRAINGER WARRANTS PRODUCTS AGAINST DEFECTS IN MATERIALS AND WORKMANSHIP UNDER NORMAL USE FOR A PERIOD OF ONE (1) YEAR AFTER THE DATE OF PURCHASE FROM GRAINGER, UNLESS OTHERWISE STATED. PROVIDED THAT GRAINGER ACCEPTS THE PRODUCT FOR RETURN WITHIN THE LIMITED WARRANTY PERIOD, GRAINGER WILL AT ITS OPTION: (A) REPAIR; (B) REPLACE, OR (C) REFUND THE AMOUNT PAID BY CUSTOMER. GRAINGER'S REPAIR, REPLACEMENT, OR REFUND OF PRODUCTS PAID BY CUSTOMER FOR THE PRODUCT SHALL BE CUSTOMER'S SOLE AND EXCLUSIVE REMEDY.

2.2 Warranty Disclaimer

A) GRAINGER EXPRESSLY DISCLAIMS ANY WARRANTY, WHETHER EXPRESS OR IMPLIED, OTHER THAN AS SET FORTH IN THE LIMITED WARRANTY ABOVE. GRAINGER EXPRESSLY DISCLAIMS ANY LIABILITY FOR CLAIMS ARISING OUT OF PRODUCT INTEGRITY, IMPROPER PRODUCT INSTALLATION, IMPROPER SOFTWARE CONFIGURATION, DAMAGE TO PROPERTY, INFRINGEMENT OF PATENTS, TRADE SECRETS, OR OTHER INTELLECTUAL PROPERTY RIGHTS.

B) GRAINGER EXPRESSLY DISCLAIMS ANY LIABILITY THAT THE PRODUCTS: (1) ARE INERRATIBLE; (2) FIT FOR A PARTICULAR PURPOSE, OR (3) DO NOT AND WILL NOT INFRINGE UPON OTHER'S INTELLECTUAL PROPERTY RIGHTS.

C) GRAINGER MAKES NO WARRANTIES TO THOSE DERIVED AS CONSUMERS IN THE INSURANCE AND SECURITY TRADE COMMISSION IMPROVEMENT ACT.

3. LIMITATION OF LIABILITY

GRAINGER EXPRESSLY DISCLAIMS ANY LIABILITY FOR CONSEQUENTIAL, INCIDENTAL, SPECIAL, EXEMPLARY, OR PUNITIVE DAMAGES. GRAINGER'S LIABILITY IN ALL CIRCUMSTANCES IS LIMITED TO, AND SHALL NOT EXCEED, THE PURCHASE PRICE PAID FOR THE PRODUCT THAT CAUSES DAMAGE TO ANY LIABILITY.

A FULL STATEMENT OF GRAINGER'S TERMS AND CONDITIONS can be found at www.grainger.com and is incorporated by reference.

FOR COMMENTS OR CHANGE OF ADDRESS, ENTER INFORMATION BELOW.

4. Warranty Policy Return

Before returning any product, customer shall: (1) notify Grainger of the problem, including the specific problem; (2) provide Grainger with all materials or specifications related to the problem; (3) provide Grainger with all instructions and guidelines related to the problem; and (4) provide Grainger with any other information related to the problem. Grainger reserves the right to refuse any return or exchange.

5. Warranty Return

For information on a specific manufacturer's warranty, please contact the local Grainger branch or call Customer Care at 1-800-255-4640.

6. Product Compliance and Suitability

Grainger's products are designed, manufactured, and tested to comply with applicable laws and regulations. However, Grainger is not responsible for the suitability of any product for any specific use. It is the customer's responsibility to ensure that any product, including those that meet all compliance standards, is suitable for the intended use.

7. Product Information

Grainger maintains a database of product information, including technical data and specifications, and is available for download on the Grainger website. For more information, please contact Grainger's Customer Service Department.

8. Quality Improvement

Grainger is committed to continuous improvement in the quality of its products and services. Grainger's quality management system is designed to ensure the delivery of high-quality products and services that meet customer expectations.

9. For more information, please contact Grainger's Customer Service Department.
Drawer: Accounts Payable - Invoices  
Vendor Number: 1085560  
Vendor Name: Grainger - Downers Grove  
Invoice Number: 9158958331  
Invoice Date: 06/05/13  
PO Number: B0318276  
Check Number: E0020964  
Check Amount: $8,620.11  
Check Date: 07/10/2013  
Department ID: 00705  
Reviewer Name: None  
Voucher Number: V0216221  
Document Type: AP Invoice  

Invoice Image Below
**INVOICE**

**GRAINGER ACCOUNT NUMBER:** 801544016
**INVOICE NUMBER:** 9158958331
**INVOICE DATE:** 06/05/2013
**DUE DATE:** 07/05/2013
**AMOUNT DUE:** 19.94

**PO NUMBER:** B0318276
**Caller:** JASON JASNOCH
**Customer Phone:** (630) 935-1645
**ORDER/Delivery:** 623006557
**INCO TERMS:** FOB ORIGIN

---

**SHIP TO INFORMATION**

**Bill To:**
MDG2013 000078114 2 AT 0384
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

---

**LINE # | ITEM # | DESCRIPTION | QUANTITY | UNIT PRICE | TOTAL |
---|---|---|---|---|---|
1 | 2H172 | TOOL BOX W/TRAY, 19 3/4"WX8 1/2DX8 3/4H MANUFACTURER # 2H172 | | | |

---

**Number of Pkgs:** 0
**Weight:** 5.40
**Date Shipped:** 06/05/2013
**Carrier:** NEXT DAY DYNAMEX CHDC
**Tracking No.:** 191752041415413

---

**Please detach this portion and return with your payment.**

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**Bill To:**
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

**Remit To:**
GRAINGER
DEPT. 801544016
PALATINE, IL 60038-0001

---

X **Account Number:** 801544016
**Date:** 06/05/2013
**Invoice Number:** 9158958331
**Amount Due:** 19.94

---

**Interested in receiving invoices via email? Sign up for paperless invoicing at: www.grainger.com/paperlessinvoicing**

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**Thank you!**

---

**Approved 06/20/13**
**Ronald Dulceak**
A. SALES POLICY

1. Wholesale Only.

W.W. Grainger, Inc. ("Grainger") sells products for business use to customers with proper business identification, which is required from all customers prior to purchase.

2. Prices

Prices listed are wholesale, do not include freight, handling fees, taxes, and duties, and are subject to correction or change without notice. Market trends or commodity prices will be priced according to current market conditions. Customer should contact the local Grainger branch or call online at www.grainger.com for current pricing. Export orders may be subject to further special pricing. Grainger reserves the right to accept or reject any order.

3. Sales Tax

Customers are responsible for payment of all applicable state and local taxes, or for presenting a valid sales tax exemption certificate. When placing an order, customer shall indicate whether sales are tax-exempt.

4. Payment Terms

Grainger accepts cash, check, credit cards, money orders, Visa, MasterCard, and American Express. For customers with established credit, purchase terms are net thirty (30) days from the date of shipment or pick-up. All credit is extended by Grainger to customers and the limit of each credit is at Grainger's sole discretion and may be increased or reduced or revoked by Grainger at any time, for any reason. Grainger reserves the right to charge a convenience fee for all payments. Grainger reserves the right to change customer's last payment terms at the rate of one (1-1/2%) of the total amount due for each month or a portion thereof that the amount due remains unpaid, or such amount as may be permitted under applicable law. Any amount not paid in full within thirty (30) days of shipment or pick-up, or in partial payment with Grainger's written consent, shall be subject to a finance charge of one percent (1%) per month or portion thereof, or such amount as may be permitted under applicable law, whichever is less. Any amount not paid in full within thirty (30) days of shipment or pick-up, or in partial payment with Grainger's written consent, shall be subject to a finance charge of one percent (1%) per month or portion thereof, or such amount as may be permitted under applicable law, whichever is less.

5. Customer Service

Grainger offers a wide range of customer service options, including phone, web, email, and live chat. Grainger's customer service team is available to answer any questions or concerns customers may have. Grainger also offers a warranty on products and services, as well as a return policy on unsatisfactory items.

6. Warranty Policy

Grainger offers a warranty on products and services, as well as a return policy on unsatisfactory items. Customers can return products within thirty (30) days of purchase for a full refund, less any shipping and handling charges. Grainger also offers a warranty on products and services, as well as a return policy on unsatisfactory items. Customers can return products within thirty (30) days of purchase for a full refund, less any shipping and handling charges.

7. Product Liability

Grainger offers a warranty on products and services, as well as a return policy on unsatisfactory items. Customers can return products within thirty (30) days of purchase for a full refund, less any shipping and handling charges. Grainger also offers a warranty on products and services, as well as a return policy on unsatisfactory items. Customers can return products within thirty (30) days of purchase for a full refund, less any shipping and handling charges.

8. Return Policy

Grainger offers a warranty on products and services, as well as a return policy on unsatisfactory items. Customers can return products within thirty (30) days of purchase for a full refund, less any shipping and handling charges. Grainger also offers a warranty on products and services, as well as a return policy on unsatisfactory items. Customers can return products within thirty (30) days of purchase for a full refund, less any shipping and handling charges.

9. Health and Safety

Grainger offers a warranty on products and services, as well as a return policy on unsatisfactory items. Customers can return products within thirty (30) days of purchase for a full refund, less any shipping and handling charges. Grainger also offers a warranty on products and services, as well as a return policy on unsatisfactory items. Customers can return products within thirty (30) days of purchase for a full refund, less any shipping and handling charges.

10. Privacy Policy

Grainger offers a warranty on products and services, as well as a return policy on unsatisfactory items. Customers can return products within thirty (30) days of purchase for a full refund, less any shipping and handling charges. Grainger also offers a warranty on products and services, as well as a return policy on unsatisfactory items. Customers can return products within thirty (30) days of purchase for a full refund, less any shipping and handling charges.
Drawer: Accounts Payable - Invoices
Vendor Number: 1085560
Vendor Name: Grainger - Downers Grove
Invoice Number: 9157073553
Invoice Date: 06/03/13
PO Number: B0318276
Check Number: E0020964
Check Amount: $ 8,620.11
Check Date: 07/10/2013
Department ID: 00705
Reviewer Name: None
Voucher Number: V0216211
Document Type: AP Invoice

Invoice Image Below
Grainger Account Number: 801544016
Invoice Number: 9157073553
Invoice Date: 06/03/2013
Due Date: 07/03/2013
Amount Due: 112.88

PO Number: 80318276
Caller: Eric Merkel
Customer Phone: (630) 942-2800
Order/Delivery: 62296809883
INCOTERMS: FOB Origin

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<thead>
<tr>
<th>PO/LINE#</th>
<th>ITEM #</th>
<th>DESCRIPTION</th>
<th>QUANTITY</th>
<th>Back</th>
<th>Unit Price</th>
<th>TOTAL</th>
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<tbody>
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The following items were shipped to:
COLLEGE OF DUPage
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

Number of PKGS: 0
Weight: 10.00
Date Shipped: 06/03/2013

Thank you!

For any questions about this invoice or account, call 630-810-9022

APPROVED 06/20/13
RONALD PULCEK

These items are sold for domestic consumption in the United States. If exported, purchaser assumes full responsibility for compliance with US export controls.

Payment Terms: NET 30 DAYS
PAY THIS INVOICE NO STATEMENT SENT PAYABLE IN U.S. DOLLARS.

Amount Due: 112.88

Please detach this portion and return with your payment.

Bill To:
COLLEGE OF DUPage
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

Remit To:
GRAINGER
DEPT. 801544016
PALATINE, IL 60068-0001

Account Number: 801544016
Date: 06/03/2013
Invoice Number: 9157073553
Amount Due: 112.88

For comments or change of address, enter information on reverse side.
GRAINGER STANDARD TERMS AND CONDITIONS

1. General Terms
   a. Warranties
      i. GRAINGER warrants to the end user that its products (as well as any third-party products incorporated into or bundled with them) are free from defects in material and workmanship for a period of one year from the date of purchase by the end user. GRAINGER’s obligations under this warranty are limited to the repair or replacement, at GRAINGER’s option, of any product determined by GRAINGER to be defective within the warranty period. GRAINGER DISCLAIMS ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.
      ii. GRAINGER shall have no obligation to reimburse or compensate the end user for any inconvenience, lost productivity, or any other damages arising from the repair or replacement of any product under this warranty.

2. Transportation and Delivery
   a. Transportation and delivery charges are prepaid by GRAINGER to the point of shipment to the end user. If the end user is responsible for transportation and delivery charges, such charges shall be invoiced to the end user at the time of purchase.
   b. GRAINGER shall not be responsible for any damages incurred during transportation.
   c. GRAINGER reserves the right to make changes to its transportation and delivery arrangements without notice.

3. Returns
   a. Returns must be pre-authorized by GRAINGER. The end user shall notify GRAINGER of any issues with the product within 14 days of delivery. GRAINGER will issue a return authorization number for any returns. The end user must return the product, at their own expense, in its original packaging and in the same condition as received.
   b. GRAINGER will inspect the returned product and, if found to be defective, GRAINGER will either repair or replace the product at its discretion. Any product returned for non-defective reasons will not be accepted.

4. Payment and Credit Terms
   a. Payment terms are subject to approval by GRAINGER. GRAINGER reserves the right to change or alter any payment terms at any time.
   b. GRAINGER may require payment in full or partial payment in advance for any order.
   c. GRAINGER reserves the right to charge interest on overdue accounts at a rate of 1.5% per month or the maximum rate permitted by law.

5. Intellectual Property and Trademarks
   a. GRAINGER is the owner of all intellectual property rights in its products, trademarks, and trade names.
   b. The end user shall not use any GRAINGER trademarks or trade names without prior written consent from GRAINGER.

6. Force Majeure
   a. GRAINGER shall not be liable for any failure to perform its obligations under these terms due to circumstances beyond its control, including but not limited to acts of nature, war, strikes, or government regulations.
   b. GRAINGER reserves the right to cancel any order if it determines that it cannot meet its obligations due to force majeure.

7. Governing Law
   a. These terms and conditions shall be governed by the laws of the state of Illinois, without regard to its conflicts of law provisions.
   b. Any dispute arising out of or relating to these terms and conditions shall be brought in the courts of the state of Illinois, and the parties hereby consent to the personal jurisdiction of such courts.

8. Entire Agreement
   a. These terms and conditions constitute the entire agreement between the parties and supersede all prior understandings, agreements, or representations, written or oral, between the parties with respect to the subject matter hereof.

9. Severability
   a. If any provision of these terms and conditions is held to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

10. Events of Change
    a. GRAINGER reserves the right to change these terms and conditions at any time without notice.
    b. The end user’s use of the website or the purchase of products from GRAINGER after any such change shall constitute acceptance of the new terms and conditions.

FOR COMMENTS OR CHANGE OF ADDRESS, ENTER INFORMATION BELOW.

GRAINGER STANDARD TERMS AND CONDITIONS ARE AVAILABLE ON www.grainger.com AND ARE INCORPORATED BY REFERENCE.

E. EXPORT SALES
   a. Orders for export sales are subject to the terms and conditions of the leading commercial law of the exporting country, and the exporter reserves the right to refuse delivery of any order.

F. CANCELLATION
   a. All orders are subject to cancellation by GRAINGER at any time without notice.

G. LIMITATION OF LIABILITY
   a. GRAINGER DISCLAIMS ALL LIABILITY FOR CONSEQUENTIAL, INCIDENTAL, SPECIAL, EXEMPLARY, OR PUNITIVE DAMAGES. GRAINGER’S LIABILITY IN ALL CIRCUMSTANCES IS LIMITED TO, AND SHALL NOT EXCEED, THE PRICE PAID FOR THE PRODUCT THAT GIVES RISE TO ANY LIABILITY.

A FULL STATEMENT OF GRAINGER’S TERMS AND CONDITIONS IS AVAILABLE ON www.grainger.com AND IS INCORPORATED BY REFERENCE.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085262
Vendor Name: Graphic Chemical & Ink Co.
Invoice Number: PR0175719
Invoice Date: 03/11/13
PO Number: 323523
Check Number: 124171
Check Amount: $ 251.59
Check Date: 07/25/2013
Department ID: 00297
Reviewer Name: None
Voucher Number: V0217785
Document Type: AP Invoice

Invoice Image Below
INVOICE
Original

Invoice Number: PR0175719
Invoice Date: 03/11/13
Page: 1

GRAPHIC CHEMICAL & INK COMPANY
728 North Yale Avenue
P.O. Box 7027
Villa Park, IL 60181-7027
630-832-6004
FAX: 630-832-6064

Bill To: College of DuPage
Accounts Payable
425 Fawell Blvd
Glen Ellyn, IL 60137-6599

Ship To: College of DuPage
Shipping & Rec.
425 Fawell Blvd
Glen Ellyn, IL 60137-6599

Ship Via
Ship Date 03/08/13
FOB Origin
Terms Net 30 Days

Customer ID CB0060
P.O. Number 323523
P.O. Date 03/08/13
Our Order No. 208763

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Ordered</th>
<th>Shipped</th>
<th>Backordered</th>
<th>Unit Price</th>
<th>Total Price</th>
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</thead>
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<tr>
<td>MS408</td>
<td>Ancolite Glaze Cleaner Gal(HM)</td>
<td>1</td>
<td>1</td>
<td></td>
<td>36.00</td>
<td>36.00</td>
</tr>
<tr>
<td>30293</td>
<td>Alum Oxide Grit #180 - 5 Lb</td>
<td>1</td>
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<td></td>
<td>18.50</td>
<td>18.50</td>
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<tr>
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<td>Alum Oxide Grit #220 - 5 Lb</td>
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<td>18.50</td>
<td>18.50</td>
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<tr>
<td>31120</td>
<td>Gum Arabic Solution, Gal</td>
<td>2</td>
<td>2</td>
<td></td>
<td>31.50</td>
<td>63.00</td>
</tr>
<tr>
<td>MS214</td>
<td>Tannic Acid Plate Etch</td>
<td>1</td>
<td>1</td>
<td></td>
<td>37.00</td>
<td>37.00</td>
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<td>1014B</td>
<td>Etching Ink, Vine Black Cart</td>
<td>2</td>
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<td></td>
<td>14.80</td>
<td>0.00</td>
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<tr>
<td>11230</td>
<td>Oil of Wintergreen - pint</td>
<td>1</td>
<td>1</td>
<td></td>
<td>12.80</td>
<td>12.80</td>
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<tr>
<td>12040</td>
<td>Liquid Asparagus Senefelder Pt</td>
<td>1</td>
<td>1</td>
<td></td>
<td>9.99</td>
<td>9.99</td>
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<tr>
<td>30172</td>
<td>D&amp;S Biotac</td>
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<td>12.00</td>
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<td>30324</td>
<td>Citric Acid Powder 1 lb</td>
<td>1</td>
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<td></td>
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<td>30142</td>
<td>Pronto Plate 8.5 x 15</td>
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<td>1.25</td>
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<tr>
<td>31550</td>
<td>Tympan Grease CC-2 - Lb</td>
<td>3</td>
<td>3</td>
<td></td>
<td>5.10</td>
<td>15.30</td>
</tr>
</tbody>
</table>

Thank you for your order. In the event that the carton or contents arrive damaged or there is a shortage, please contact us at 800-465-7382 within 7 days. Please save ALL boxes and packing materials pending resolution.

1% Monthly charge on balances over 30 days DOI

APPROVED 07/17/13
CATHRYN WILKINSON

This order contained one or more backordered items. Backorders and their shipping charges will be shipped and billed as soon as available. If you wish to cancel, please call 800-465-7382.
INVOICE

Original

Invoice Number: PR0175719
Invoice Date: 03/11/13

Page: 2

GRAPHIC CHEMICAL & INK COMPANY
726 North Yale Avenue
P.O. Box 7027
Villa Park, IL 60181-7027
630-832-6004
FAX: 630-832-6064

Bill
To: College of DuPage
Accounts Payable
425 Fawell Blvd
Glen Ellyn, IL 60137-6599

Ship
To: College of DuPage
Shipping & Rec.
425 Fawell Blvd
Glen Ellyn, IL 60137-6599

Ship Via
Ship Date 03/08/13
Due Date 04/10/13
FOB Origin
Terms Net 30 Days

Customer ID
CB0060

P.O. Number
323523

P.O. Date 03/08/13

Our Order No. 208763

Amount Subject to Sales Tax 0.00
Amount Exempt from Sales Tax 251.59
Subtotal: 251.59

Total: 251.59

APPROVED OF
CATHRYN WIT
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085621
Vendor Name: Graphics III Papers
Invoice Number: 458067
Invoice Date: 06/04/13
PO Number: P0325435
Check Number: E0021344
Check Amount: $ 105.25
Check Date: 07/24/2013
Department ID: 00465
Reviewer Name: None
Voucher Number: V0217796
Document Type: AP Invoice

Invoice Image Below
## Invoice Details

**Sold To:**
COLLEGE OF DuPAGE  
425 FAWELL ST  
GLEN ELLYN, IL 60137-6599

**Ship To:**
STUDENT SERVICES CENTER  
ATTN MARY ZELASCO  
ROOM 3233

**Account No.:** 467  
**Saled By:** KB  
**Purchase Order No.:** 325435  
**MARY**

**Ship Via:** T-2  
**Check No.:**  
**Date Shipped:** 06/04/13  
**Terms:** 2% 30 /NET31  
**Invoice Date:** 06/04/13

<table>
<thead>
<tr>
<th>QTY. ORDERED</th>
<th>QTY. SHIPPED</th>
<th>QTY. BID</th>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>DISC. %</th>
<th>EXTENDED PRICE</th>
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<tbody>
<tr>
<td>5000</td>
<td>5000</td>
<td>0</td>
<td>CBC20CA</td>
<td>11 X 17 20# CRACKLING CANARY BOISE FIREWORKS</td>
<td>20.45</td>
<td></td>
<td>102.25</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>0</td>
<td>SUR</td>
<td>DELIVERY FUEL SURCHARGE</td>
<td>3.00</td>
<td></td>
<td>3.00</td>
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</table>

**Total:** $105.25

---

**Important Message:**

*NOTE OUR "NEW" ADDRESS*  
57 EISENHOWER LANE SOUTH

---

**Mail**:  
**INVOICE NO.**: 458067  
**PAGE**: 1  
**PLEASE PAY FROM INVOICE NO.**  
**STATEMENTS MAILED**
**invoice**

**INVOICE NO.** 458067  
**PAGE 1**

**SOLD TO**

**COLLEGE OF DUPage**  
**425 Fawell St**  
**Glen Ellyn, IL 60137-6599**

**SHIP TO**

**STUDENT SERVICES CENTER**  
**ATTN: Mary Zelasco**  
**Room 3233**

<table>
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<tr>
<th>ACCOUNT NO.</th>
<th>SALESMAN NO.</th>
<th>PURCHASE ORDER NO.</th>
<th>SHIP VIA</th>
<th>CHECK NO.</th>
<th>DATE SHIPPED</th>
<th>TERMS</th>
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<tbody>
<tr>
<td>487</td>
<td>KB</td>
<td>325435 MARY</td>
<td>T-2</td>
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<td>06/04/13</td>
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<table>
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<th>DESCRIPTION</th>
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<tr>
<td>5000</td>
<td>5000</td>
<td>0</td>
<td>CBC20CA</td>
<td>11 X 17 20# CRACKLING CANARY BOISE FIREWORKS</td>
<td>20.45</td>
<td>102.25</td>
</tr>
<tr>
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<td>0</td>
<td>SUR</td>
<td>DELIVERY FUEL SURCHARGE</td>
<td>3.00</td>
<td>3.00</td>
</tr>
</tbody>
</table>

**Total**  $105.25

**IMPORTANT MESSAGE**

*NOTE OUR "NEW" ADDRESS*

57 Eisenhower Lane South

**REC'D/AUTHORIZED AGENT**

**SALE AMOUNT** $105.25  
**MISC. CHARGES** $0.00  
**SALES TAX** $0.00  
**FREIGHT** $0.00  

**TOTAL** $105.25
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1337670
Vendor Name: Harrisville Designs
Invoice Number: 200771
Invoice Date: 05/31/13
PO Number: 325403
Check Number: 124176
Check Amount: $ 84.65
Check Date: 07/25/2013
Department ID: 00065
Reviewer Name: None
Voucher Number: V0217499
Document Type: AP Invoice

Invoice Image Below
Harrisville Designs, Inc.
P.O. Box 806
Harrisville, NH 03450

www.harrisville.com  603 827 3333

Ship To
College of DuPage
Shipping and Rec.
425 Farwell Blvd.
Glen Ellyn, IL 60137
Sharon Scalise SRC1007
(630) 942-2216
elizondos@cod.edu

In an effort to reduce our collective carbon footprints, we are encouraging all of our customers to send us their email addresses.
This will enable us to send your invoices and statements without using paper or gasoline.
Please send your responses to dmiller@harrisville.com

<table>
<thead>
<tr>
<th>P.O. Number</th>
<th>Account #</th>
<th>Rep</th>
<th>Pref Ship Meth</th>
<th>Terms</th>
<th>Req Ship</th>
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<td>Best Way</td>
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<td>5/29/2013</td>
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<th>Description</th>
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<td>5</td>
<td>0</td>
<td>A475</td>
<td>Harness Cables for 22&quot; Loom</td>
<td>9.00</td>
<td>45.00</td>
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<td>2</td>
<td>0</td>
<td>A476</td>
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<td>10.00</td>
<td>20.00</td>
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<td>0</td>
<td>A478</td>
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<td>13.00</td>
<td>13.00</td>
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<td>Shipping</td>
<td>6.65</td>
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</table>

Total $84.65

Thank you for your business. Nerissa

APPROVED 07/15/13
KRISTINE FAY

FINANCE CHARGE: 1.5% (18% ANNUAL) WILL BE CHARGED ON ACCOUNTS AFTER 30 DAYS
PLEASE INCLUDE INVOICE OR CUSTOMER NUMBER WITH YOUR PAYMENT

Payments/Credits $0.00
Balance Due $84.65
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085884
Vendor Name: Hewlett Packard
Invoice Number: 52874319
Invoice Date: 05/29/13
PO Number: P0325020
Check Number: E0021348
Check Amount: $221.61
Check Date: 07/24/2013
Department ID: 90111
Reviewer Name: None
Voucher Number: V0217521
Document Type: AP Invoice

Invoice Image Below
Bill to:
COLLEGE OF DUPAGE
COMMUNITY COLLEGE DIST NO 502
425 FAWELL BLVD
GLEN ELlyn IL 60137-6599
PO# 325020

Ship to:
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING PO
425 FAWELL BLVD
GLEN ELlyn IL 60137
PO# 325020

<table>
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<tr>
<th>Line Number</th>
<th>Order Quantity</th>
<th>Backorder Quantity</th>
<th>Shipped Quantity</th>
<th>Product #</th>
<th>Product Description</th>
<th>Unit Price (USD)</th>
<th>Extended Price (USD)</th>
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<tbody>
<tr>
<td>001</td>
<td>3</td>
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<td>3</td>
<td>NK352AA</td>
<td>HP LD4200 Speaker Option Kit ALL</td>
<td>73.87</td>
<td>221.61</td>
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</tbody>
</table>

INQUIRIES TO:
(800)727-2472

TOTAL USD 221.61

APPROVED 07/17/13
RICHARD KULIG

TERMS: Payment terms are NET 30. The dates and delivery of the products and/or service listed on this invoice are subject to Hewlett-Packard Company's standard terms and conditions of sale at the time the product or service is ordered. Any variance from these terms and conditions will be effective only if agreed to in writing by Hewlett-Packard prior to the time the product or service is ordered.

PRICES: All prices will be billed at prices in effect at the time of the shipment.

RETURNS & REFUNDS: Exchange or returns must be requested within 30 days of receipt of your shipment. All returns require prior approval and a return authorization number (RA). REFUNDS are issued for returns or exchanges. After receipt and inspection of returned merchandise, credit will be issued.

CLAIMS: Claims for shortages, damages and invoice discrepancies must be made within 30 days of receipt. In case of shipping damage, please keep all packaging materials and damaged merchandise in the original shipping carton. We will file a claim with the carrier and replace the item at no cost to you. PRF RAR NO 63 352 25. IN CASE OF DEFECTIVE INVOICE PLEASE NOTIFY THE FOLLOWING: Hewlett-Packard Company, Attn: ORM Customer Service, 10810 Farnam Drive, Omaha, NE 68154. Phone: 1-800-727-2472.

HP encourages customers to recycle used electronic hardware, HP original print cartridges, and rechargeable batteries. For more information about recycling programs, go to www.hp.com/recycle.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1086735
Vendor Name: Ink Technologies
Invoice Number: 0507418-IN
Invoice Date: 07/10/13
PO Number: P0326126
Check Number: E0021351
Check Amount: $118.00
Check Date: 07/24/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220542
Document Type: AP Invoice

Invoice Image Below
Dear College of DuPage,

Thank you for your order with Ink Technologies.com. Here is a copy of your invoice. Please make sure that this gets to the appropriate department so we can keep your account current.

Thank You,

Inktechnologies.com

866-313-2879 Ext. 7

[attachment: 507418.pdf]
Sold To: 
College of DuPage  
425 FAWELL BLVD.  
GLEN ELLYN, IL 60137

Ship To: 
COLLEGE OF DUPAGE  
SHIRANI, ALI-LIBRARY  
425 FAWELL BLVD  
WAREHOUSE MANAGER  
GLEN ELLYN, IL 60137

<table>
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<tr>
<th>Customer P.O.</th>
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<th>Terms</th>
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<td>GROUND</td>
<td>NET 30 DAYS</td>
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<td>EACH</td>
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<tr>
<td>Remanufactured HP Toner Cartri</td>
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<tr>
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<tr>
<td>SZPNCH390C#</td>
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<tr>
<td>New Compatible HP Toner Cartri</td>
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</table>

APPROVED 07/18/13  
LISA STOCK

Returns and Warranty  
All Ink Technologies compatible and remanufactured ink and toner products carry a 6 month Satisfaction Guarantee and a 1 year replacement warranty. Brand Name (OEM) products carry a warranty based on the policy of each brand product manufacturer. Returns of OEM products for credit must be returned within 30 days of original purchase in as-shipped, unopened packaging. IMPORTANT: Before returning your product, you must submit an online return request and receive a return authorization number. Please see www.inktechnologies.com/HomePage/Help to review our complete return policy and to submit your online return request.

Net Invoice: 118.00
Less Discount: 0.00
Freight: 0.00
Sales Tax: 0.00
Invoice Total: 118.00
Less Deposit: 0.00
Invoice Balance: 118.00
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1086747
Vendor Name: Interboro Packaging Corp.
Invoice Number: 44660
Invoice Date: 05/31/13
PO Number: B0317924
Check Number: E0021352
Check Amount: $ 1,985.60
Check Date: 07/24/2013
Department ID: 00689
Reviewer Name: None
Voucher Number: V0217799
Document Type: AP Invoice

Invoice Image Below
-----Original Message-----
From: chaim [mailto:chaim@interboropackaging.com]
Sent: Thursday, June 06, 2013 1:38 PM
To: Accounts Payable
Subject: Invoice #44660 from Interboro Packaging Corp.

<<Inv_44660_from_Interboro_Packaging_Corp._6116.pdf>>

Dear Customer:

Your invoice appears below. Please remit payment at your earliest convenience.

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

Sincerely,

Interboro Packaging Corp.

[attachment: Inv_44660_from_Interboro_Packaging_Corp._6116.pdf]
# Interboro Packaging Corp.

114 Bracken Road  
Montgomery, NY 12549-2600  
E-mail Interboro4@frontiernet.net  
Phone # (845) 457-2700  
Fax # (845) 457-1927

## BILL TO

Dupage College  
Attn. Accounts Payable  
425 Fawell Blvd.  
Gelen Ellyn, IL 60137

## SHIP TO

Dupage College  
Central Receiving  
425 Fawell Blvd.  
Gelen Ellyn, IL 60137

<table>
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<tr>
<th>P.O. NO.</th>
<th>TERMS</th>
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<th>SHIP DATE</th>
<th>SHIP VIA</th>
<th>P.O. DATE</th>
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<td>Net 30</td>
<td>6/30/2013</td>
<td></td>
<td>5/31/2013</td>
<td></td>
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</table>

### DESCRIPTION

- **43”X48” Heavy Clear 200/Case Item #14 INT-4348-Med75**  
  - QTY: 100  
  - PRICE: 13.58  
  - AMOUNT: 1,358.00

- **43”X60” Heavy Clear 200/Case Item #15 INT-3860-H**  
  - QTY: 30  
  - PRICE: 20.92  
  - AMOUNT: 627.60

### Total

$1,985.60

### Payments/Credits

$0.00

### Balance Due

$1,985.60

A service charge of 1½% per month, 18% APR will be added to all overdue accounts.  
Also liable for all legal and collection fees.

**APPROVED 07/01/13**  
**JOEL GALLEGOS**
Drawer: Accounts Payable - Invoices
Vendor Number: 1223471
Vendor Name: Kinsale Contracting Group Inc.
Invoice Number: 7547
Invoice Date: 05/30/13
PO Number: B0325244
Check Number: E0021357
Check Amount: $ 3,146.50
Check Date: 07/24/2013
Department ID: 36800
Reviewer Name: None
Voucher Number: V0218425
Document Type: AP Invoice

Invoice Image Below
Furnished the labor, materials, and equipment necessary to remove and dispose of appr. 3330 s.f., of exposed asbestos containing floor tile and mastic with carpet within the 2nd floor and IT area of the SRC Building located at College of DuPage, 425 Fawell Blvd., Glen Ellyn, IL in accordance with our proposal dated March 14, 2013.

Total Billing Allowed

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original contract amount</td>
<td>$28,650.00</td>
</tr>
<tr>
<td>Additional Premium Cost</td>
<td>$5,400.00</td>
</tr>
<tr>
<td>Total Contract Amount, including change orders, if any:</td>
<td><strong>$34,050.00</strong></td>
</tr>
</tbody>
</table>

Work Completed Through May 31, 2013 (100% of total contract amount and change orders, if any) $34,050.00
Less previous invoice #4457 dated 04/15/13 ($30,645.00)

Total Amount Due for This Invoice $3,405.00
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087368
Vendor Name: McMaster Carr Supply
Invoice Number: 53065730
Invoice Date: 06/04/13
PO Number: P0325476
Check Number: 124221
Check Amount: $ 800.90
Check Date: 07/25/2013
Department ID: 00089
Reviewer Name: None
Voucher Number: V0217500
Document Type: AP Invoice

Invoice Image Below
Billed to
COLLEGE OF DUPAGE
COMMUNITY COLLEGE DISTRICT 502
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Shipped to
Attention: Jim
College of Dupage
Community College District 502
425 Fawell Blvd
Glen Ellyn IL 60137-6708

Mail Payment to
McMaster-Carr
PO Box 7690
Chicago IL 60680-7690

Jim placed this order.

<table>
<thead>
<tr>
<th>Line</th>
<th>Product Description</th>
<th>Ordered</th>
<th>Shipped</th>
<th>Balance</th>
<th>Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3050A31 Double-End High-Speed-Steel Four-Flute Noncenter End Mill, 5/8&quot; Mill Diameter, 5/8&quot; Shank Diameter, 1-3/8&quot; Length of Cut</td>
<td>8</td>
<td>8</td>
<td>0</td>
<td>34.73</td>
<td>277.84</td>
</tr>
<tr>
<td>2</td>
<td>3050A28 Double-End High-Speed-Steel Four-Flute Noncenter End Mill, 1/2&quot; Mill Diameter, 1/2&quot; Shank Diameter, 1&quot; Length of Cut</td>
<td>8</td>
<td>8</td>
<td>0</td>
<td>23.93</td>
<td>191.44</td>
</tr>
<tr>
<td>3</td>
<td>3050A26 Double-End High-Speed-Steel Four-Flute Noncenter End Mill, 7/16&quot; Mill Diameter, 1/2&quot; Shank Diameter, 1&quot; Length of Cut</td>
<td>8</td>
<td>8</td>
<td>0</td>
<td>23.93</td>
<td>191.44</td>
</tr>
<tr>
<td>4</td>
<td>3049A21 Double-End High-Speed-Steel Two-Flute End Mill, 1/4&quot; Mill Diameter, 3/8&quot; Shank Diameter, 1/2&quot; Length of Cut</td>
<td>8</td>
<td>8</td>
<td>0</td>
<td>16.82</td>
<td>134.56</td>
</tr>
</tbody>
</table>

APPROVED 07/21/13
KRISTINE FAY

Packing List

<table>
<thead>
<tr>
<th>Packing List</th>
<th>Shipped</th>
<th>Weight</th>
<th>Carrier</th>
<th>Tracking</th>
</tr>
</thead>
<tbody>
<tr>
<td>3042101-01</td>
<td>6/4/13</td>
<td>7 lb</td>
<td>UPS Ground</td>
<td>1Z6028360329278387</td>
</tr>
</tbody>
</table>

Merchandise 795.28
Shipping 5.62
Total $800.90

Federal ID 36-1458720

McMaster-Carr Supply Company
11578
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087368
Vendor Name: McMaster Carr Supply
Invoice Number: 50704996
Invoice Date: 04/25/13
PO Number: B0318380
Check Number: 124221
Check Amount: $ 197.62
Check Date: 07/25/2013
Department ID: 00053
Reviewer Name: None
Voucher Number: V0220524
Document Type: AP Invoice

Invoice Image Below
Accounts Payable,

Please send payment of $1,220.09 for invoices 50704996 (purchase order B318380) and 54090319 (purchase order 325726).

Attached are the invoices.

Kelly
630-993-3090
T5KAJ

[attachment: Invoice 50704996 for PO B318380.PDF]
[attachment: Invoice 54090319 for PO 325726.PDF]
Billed to
ATTENTION: ACCOUNTS PAYABLE
COLLEGE OF DUPAGE
COMMUNITY COLLEGE DISTRICT 502
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Shipped to
Attention: Bob Cannella, Tec 2027
Shipping & Receiving
College of Dupage
Community College District 502
425 Fawell Blvd
Glen Ellyn IL 60137-6708

Robert Cannella placed this order.

<table>
<thead>
<tr>
<th>Line</th>
<th>Product Description</th>
<th>Ordered</th>
<th>Shipped</th>
<th>Balance</th>
<th>Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Compact Linear-Position Transducer, 25&quot; Maximum Stroke Length</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>193.10</td>
<td>193.10</td>
</tr>
</tbody>
</table>

Merchandise: 193.10
Shipping: 4.52
Total: $197.62

Packing List
2273678-01 4/25/13 1 lb Diamond

Mail Payment to
McMaster-Carr
PO Box 7690
Chicago IL 60680-7690

Your Account: 12741100

Purchase Order: B318380
Total: $197.62
Invoice: 50704996
Invoice Date: 4/25/13
Payment Terms: 2% 10, Net 30

Deduct $3.86 on merchandise if paid by 5/6/13.

APPROVED 07/22/13
KRISTINE FAY
Billed to
COLLEGE OF DUPAGE
COMMUNITY COLLEGE DISTRICT 502
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Shipped to
Attention: K Bldg
Ann Kenny For Dan
College of Dupage
Community College District 502
425 Fawell Blvd
Glen Ellyn IL 60137-6708

Dan placed this order.

<table>
<thead>
<tr>
<th>Line</th>
<th>Product</th>
<th>Ordered</th>
<th>Shipped</th>
<th>Balance</th>
<th>Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2347T14</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>979.85</td>
<td>979.85</td>
</tr>
</tbody>
</table>

| Each | Merchandise | 979.85 |
|      | Shipping    | 42.62  |
| Total|             | $1,022.47 |

Packing List  Shipped  Weight  Carrier  Tracking
4537931-01  6/20/13  170 lb  Chicago Suburban  2127204
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087485
Vendor Name: Medline Industries
Invoice Number: 1064451200
Invoice Date: 06/07/13
PO Number: B0324983
Check Number: 124372
Check Amount: $ 249.31
Check Date: 07/29/2013
Department ID: 00141
Reviewer Name: None
Voucher Number: V0217512
Document Type: AP Invoice

Invoice Image Below
SOLD TO:
COLLEGE OF DU PAGE
425 FAWEll BLVD
GLEN ELlyn, IL 60137-6599

SHIP TO:
COLLEGE OF DU PAGE
425 FAWEll BLVD
GLEN ELlyn, IL 60137-6599

SALES REP: 708
SALES ORDER #: 432389651
CARRIER: FEDEx GROUND
FREIGHT TERMS: MEdLINE
CUSTOMER #: 1070839
CURRENCY: USD
AMOUNT DUE: $249.31

DETAIL

<table>
<thead>
<tr>
<th>Line No.</th>
<th>Order Qty</th>
<th>U/M</th>
<th>Invoice Qty</th>
<th>Item No. / Description</th>
<th>Code*</th>
<th>Delivery #</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>1.00</td>
<td>BX</td>
<td>1.00</td>
<td>RGD2001025 / THERMOMETER, ORAL, GERATHERM, MERCURY FREE</td>
<td>TE</td>
<td>854200144</td>
<td>249.31</td>
<td>249.31</td>
</tr>
</tbody>
</table>

GROSS: 249.31
TAX AMOUNT: 0.00
FREIGHT: 0.00
TOTAL: 249.31

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAW.
NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION. (PH: 800-307-6386)
INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE.


REMITTANCE

REMIT TO:
Medline Industries, Inc.
Dept CH 14000
Palatine, IL 60065-4400

BILL TO:
MDG2013 0002761 1 MB 0405 01
COLLEGE OF DU PAGE
425 FAWEll BLVD
GLEN ELlyn, IL 60137-6599

Customer #: 1070839
Invoice #: 1064451200
Invoice Date: 06/07/2013
Sales Rep #: 708
Payment Terms: Net 30
Amount Due: $249.31

AMOUNT PAID $_____

Detach and return this portion with your payment

☐ Check here for address change.
Indicate changes on the back of this form.
1. **Compliance with Anti-Kickback Laws.** Invoice prices may be subject to a discount program. If so, the value of the discount and the goods to which the discount applies will be provided to you by Medline (“Company”) in the ordinary course of business. It is Customer’s responsibility to fully and accurately disclose such discount in accordance with the requirements under the Social Security Act section 1128B and its implementing regulations under 42 CFR section 1001.952(h). Under these regulations, you are considered a buyer and must therefore adhere to all standards for buyers delineated in the regulation.

2. **Governing Terms.** Sale by Company of the goods described herein to the customer to which this invoice is addressed (“Customer”) is subject to the terms and conditions set forth on both sides of this invoice. This writing is not an acceptance of any offer made by Company and Company hereby rejects any additional or different terms which may be contained in any of Customer’s purchase order, acknowledgement or other forms or in any other communication heretofore or hereafter received from Customer.

3. **Prices.** Prices are subject to change at any time without notice.

4. **Payment Terms.** Subject to approval of Customer’s credit, net payments on invoices shall be due in the number of days agreed to between the Company and Customer as reflected on this invoice. If Company (at its sole discretion) determines that Customer should not be extended credit, Company may demand payment in full prior to any delivery. In the event Customer timely returns goods sent on approval, payments made in respect of such goods, less applicable restocking fees, will be refunded. Past-due invoices are subject to a service charge, calculated on the outstanding balance at the lesser of (a) the rate of one and one-half percent (1.5%) per month, or (b) the highest rate authorized by applicable law.

5. **Taxes and Other Charges.** Any tax, interest, penalty, fee or charge of any nature whatsoever imposed by any governmental authority on or measured by the transaction between Company and Customer shall be paid by Customer in addition to the prices quoted or invoiced. In the event the Company is required to pay any such tax, fee or charge Customer shall reimburse Company thereof.

6. **Risk of Loss.** Risk of loss of goods shall pass to the Customer upon the earlier of Company’s delivery to carrier or delivery into storage, regardless of whether the transport medium or storage facilities are owned and/or operated by Company, regardless of whether the Company charges Customer for storage and regardless of freight terms agreed to between Company and Customer.

7. **Claims.** All claims for defective or damaged goods must be made by Customer in writing fully setting forth the nature of the alleged defect or damage, within 48 hours after the receipt thereof by Customer. Customer’s failure to so notify Company shall constitute irrevocable acceptance of the work and a waiver of any defect, damage or shortage. Claims for damage or loss in transit must be made by Customer directly against the carrier.


9. **Limitation of Liability.** The Company’s liability with respect to breaches of warranty and contract shall in no event exceed the sale price. IN NO EVENT SHALL COMPANY BE LIABLE FOR ANY SPECIAL, INDIRECT OR CONSEQUENTIAL DAMAGES, WHETHER FOR BREACH OF CONTRACT OR WARRANTY, NEGLIGENCE OR OTHER TORT ON ANY TYPE OF STRICT LIABILITY THEORY OR ANY OTHER THEORY OF LIABILITY. Without limiting the generality of the foregoing, Company specifically disclaims any liability for penalties (including administrative penalties), special or punitive damages, damages for lost profits or revenues, loss of use of products or any associated equipment, cost of capital, facilities, services, labor or salaries, downtime, shut-down or slowdown costs, spoilage of materials or for any other type of economic loss. All the limitations and disclaimers contained in the paragraph and in the rest of this contract shall apply to claims of Customer’s clients or any third party asserted by Customer against Company for indemnity or contribution, as well as direct claims of Customer against Company. Customer shall indemnify Company against any and all losses, liabilities, damages and expenses (including without limitation attorneys fees and other costs of defending any action) which Company may incur as a result of any third party claim.

10. **Credit Balance.** Customer agrees that it will request any credit balances on its account(s) be applied within one year of the credit’s issuance. IF SUCH REQUEST IS NOT MADE WITHIN ONE YEAR, ANY OUTSTANDING BALANCE(S) MAY BE SUBJECT TO CANCELLATION AND/OR ESCHEAT TO THE RESPECTIVE JURISDICTION.

11. **Purchase Money Security Interest.** Company reserves a security interest in the goods sold hereunder and proceeds thereof to secure the purchase price of such goods.

12. **Returned Checks.** Payments returned by your financial institution will be subject to returned check fee, state surcharges, and incidental fees.

13. **HCPCS Code Information.** HCPCS code information provided by Medline is intended as a general guideline only. The assignment of a HCPCS code to a product by THE PDAC should in no way be construed as an approval or endorsement of the product by THE PDAC, Medicare, or any other payer, nor does it imply or guarantee claim reimbursement or coverage. Coverage and reimbursement policies vary from one region to another. HCPCS code assignments are subject to change by THE PDAC. You must address all coverage and reimbursement issues (including the correctness and accuracy of HCPCS codes) with your individual payers, including but not limited to, your regional DMEAC. Medline does not guarantee coverage or reimbursement of any products. It is your responsibility to ensure the accuracy and appropriateness of each code you submit to your payers, in accordance with all applicable payer requirements.

14. **International Sales.** Customer agrees that product purchased from Medline will not be re-sold, distributed, exported or otherwise disposed of contrary to any relevant law or regulation, including but not limited to laws and regulations pertaining to embargoed countries and anti-boycott regulations.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087524
Vendor Name: Monoprice, Inc.
Invoice Number: 8363502
Invoice Date: 06/04/13
PO Number: P0325298
Check Number: E0020994
Check Amount: $ 124.21
Check Date: 07/10/2013
Department ID: 00361
Reviewer Name: None
Voucher Number: V0217804
Document Type: AP Invoice

Invoice Image Below
INVOICE
Invoice Number: 8363502
Online Store: http://www.monoprice.com

Monoprice, Inc.
11701 6th Street
Rancho Cucamonga, CA 91730, USA
TEL: (877)271-2592 / FAX: (909)989-0078

Billing Information
Accounts Payable
College of DuPage Community College
425 Fawell Blvd
Glen Ellyn, IL 60137
UNITED STATES

Customer ID: 888390
mccarthy@cod.edu

Shipping Information
Shipping and Receiving
College of DuPage
425 Fawell Blvd
PO 325298
Glen Ellyn, IL 60137
UNITED STATES

Order Date: 6/3/2013 3:40:39 PM
Due Date: 7/3/2013
PO Number: 325298

Shipping Date: 6/4/2013
Shipping Method: Standard: 3-5 business days

<table>
<thead>
<tr>
<th>PID</th>
<th>Product</th>
<th>Qty</th>
<th>Unit Price</th>
<th>Line Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>5434</td>
<td>10ft USB 2.0 A Male to A Female Extension 28/24AWG Cable (Gold Plated)</td>
<td>11</td>
<td>$1.24</td>
<td>$13.64</td>
</tr>
<tr>
<td>10270</td>
<td>Large Flexible Tripod</td>
<td>11</td>
<td>$7.75</td>
<td>$85.25</td>
</tr>
</tbody>
</table>

Subtotal: $98.89
Shipping & Handling Cost: $10.15
Order Total: $109.04
Balance Due: $109.04

Please make the payments by 7/3/2013 to:
Monoprice, Inc.
11701 6th Street
Rancho Cucamonga, CA 91730
USA.

06/24/13
BEVERLY REED

APPROVED 06/24/13
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087524
Vendor Name: Monoprice, Inc.
Invoice Number: 8346422
Invoice Date: 05/31/13
PO Number: P0325292
Check Number: E0020994
Check Amount: $124.21
Check Date: 07/10/2013
Department ID: 00361
Reviewer Name: None
Voucher Number: V0217801
Document Type: AP Invoice

Invoice Image Below
Monoprice, Inc.  
11701 6th Street  
Rancho Cucamonga, CA 91730, USA  
TEL: (677)271-2592 / FAX: (909)989-0078

Customer ID  888390  
mccarthy@cod.edu

Billing Information  
Accounts Payable  
College of DuPage Community College  
425 Fawell Blvd  
Glen Ellyn, IL 60137  
UNITED STATES

Shipping Information  
Shipping and Receiving  
College of DuPage  
425 Fawell Blvd  
PO 325292  
Glen Ellyn, IL 60137  
UNITED STATES

Order Date 5/30/2013 4:51:13 PM  
Due Date 6/29/2013

PO Number 325292

<table>
<thead>
<tr>
<th>PID</th>
<th>Product Description</th>
<th>Qty.</th>
<th>Unit Price</th>
<th>Line Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>3542</td>
<td>9 PIN/ 6PIN BILINGUAL FireWire 800 - FireWire 400 Cable, 6FT, Black</td>
<td>3</td>
<td>$4.06</td>
<td>$12.18</td>
</tr>
</tbody>
</table>

Subtotal: $12.18  
Shipping & Handling Cost: $2.99  
Order Total: $15.17  
Balance Due: $15.17

Please make the payments by 6/29/2013 to:  
Monoprice, Inc.  
11701 6th Street  
Rancho Cucamonga, CA 91730  
USA

APPROVED 06/24/13  
BEVERLY REED
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087707
Vendor Name: MSC Industrial Supply
Invoice Number: 23543963
Invoice Date: 05/24/13
PO Number: B0317990
Check Number: 124235
Check Amount: $ 85.94
Check Date: 07/25/2013
Department ID: 00705
Reviewer Name: None
Voucher Number: V0218324
Document Type: AP Invoice

Invoice Image Below
**INVOICE**

**23543963**

<table>
<thead>
<tr>
<th>Customer Number:</th>
<th>00421143</th>
</tr>
</thead>
</table>

**Ordered by:** BILL FENLEY

| Sub-Total: | 74.96 |
| Shipping, Handling & Surcharge*: | 10.98 |
| Sales Tax: | 0.00 |
| **Total:** | **$85.94** |

**Ship To:** COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137

**Bill To:** COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137

Any questions or concerns? Please call your local branch or 1-800-645-7270 between 7:00AM and 11:00PM EST.

<table>
<thead>
<tr>
<th>Packing Slip No.</th>
<th>Order Date</th>
<th>Invoice Date</th>
<th>Ship Via</th>
<th>Merchandise Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>23543963</td>
<td>05/23/13</td>
<td>05/24/13</td>
<td>UPS GROUND</td>
<td>74.96</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quantity Ordered</th>
<th>Quantity Shipped</th>
<th>Unit of Measure</th>
<th>MSC Item/ Description</th>
<th>Manufacturer Item</th>
<th>Your Item</th>
<th>Unit Price</th>
<th>Discounted Unit Price</th>
<th>Extended Price</th>
<th>Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>4</td>
<td>EA</td>
<td>78661782 3TMHDM/H1515</td>
<td>20.26</td>
<td>18.7400</td>
<td>74.96</td>
<td>N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**THANK YOU FOR YOUR ORDER**

* A fuel surcharge has been included due to recent escalations in fuel prices.

MSC products and services are subject to U.S. export control laws and regulations. Diversion contrary to U.S. law is prohibited. See MSC's standard terms and conditions of sale for further information.

**IMPORTANT** - Please detach and return this portion to ensure proper credit. Be sure to include your customer number on your check.

This purchase is governed exclusively by MSC's Terms and Conditions that can be found in MSC's current catalog and at www.mscdirect.com. MSC's acceptance of your order is predicated on your assent to MSC's Terms and Conditions, unless you have entered into a separate purchase agreement with MSC that continues to be in effect on the date of your order. Such agreement, depending upon its terms, may supersede MSC's Terms and Conditions.

**Ordered By:** BILL FENLEY
**Payment Terms:** OPEN ACCOUNT - N/30
**Invoice Type:** Open Account
**Due Date:** 06/23/13

**Remit To:**
MSC INDUSTRIAL SUPPLY CO.
DEPT CH 0075
PALATINE IL 60065-0075

**Sub-Total:** 74.96
**Shipping, Handling & Surcharge:** 10.98
**Sales Tax:** 0.00
**Total:** **$85.94**

**Customer Name**

<table>
<thead>
<tr>
<th>Customer Number</th>
<th>Invoice Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>00421143</td>
<td>23543963</td>
</tr>
</tbody>
</table>

**Amount Due:** $85.94
**Amount Enclosed:**

004211439000008594000010235439636

**APPROVED 06/26/13**
RONALD DULCEAK
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087707
Vendor Name: MSC Industrial Supply
Invoice Number: 26442253
Invoice Date: 06/05/13
PO Number: B0317990
Check Number: 124235
Check Amount: $ 271.44
Check Date: 07/25/2013
Department ID: 00705
Reviewer Name: None
Voucher Number: V0217508
Document Type: AP Invoice

Invoice Image Below
## MSC Invoice

**INVOICE**

**Invoice Number:** 26442253  
**Purchase Order No.:** 317990  
**Ordered by:** JOE UHER

<table>
<thead>
<tr>
<th>Packing Slip No.</th>
<th>Order Date: 06/05/13</th>
<th>Invoice Date: 06/05/13</th>
<th>Original Packing SLIP #: 2644225</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity Ordered</th>
<th>Quantity Shipped</th>
<th>Unit of Measure</th>
<th>MSC Item/Description</th>
<th>Manufacturer Item</th>
<th>Your Item</th>
<th>Unit Price</th>
<th>Discounted Unit Price</th>
<th>Extended Price</th>
<th>Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>75611707 48-00-1440</td>
<td>5</td>
<td>5</td>
<td>EA</td>
<td>6&quot; DIAMOND GRIT 1/2 SHK SAWZALL BLADE</td>
<td>upc code: 045242187393</td>
<td></td>
<td>16.98</td>
<td>16.1300</td>
<td>80.65</td>
<td>N</td>
</tr>
<tr>
<td>59931451 48-00-1450</td>
<td>5</td>
<td>5</td>
<td>EA</td>
<td>9&quot; DIAMOND GRIT 1/2 SHK SAWZALL BLADE</td>
<td>upc code: 045242187416</td>
<td></td>
<td>23.73</td>
<td>22.5400</td>
<td>112.70</td>
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<tr>
<td>89868947 48-00-4182</td>
<td>1</td>
<td>1</td>
<td>EA</td>
<td>6&quot;X75X0.035 14 TPI 5PK ICE EDGE SAWZALL BLADE</td>
<td>upc code: 04524209130</td>
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<td>89868970 48-00-4187</td>
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<td>9&quot;X75X0.035 14 TPI 5PK ICE EDGE SAWZALL BLADE</td>
<td>upc code: 04524208091</td>
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<td>26.47</td>
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<td>12&quot; 10TPI 5PK SAWZALL BLADE</td>
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<td>34.08</td>
<td>32.3800</td>
<td>32.38</td>
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**Thank you for your order**

**271.44**

Approved 06/25/13  
RONALD DULCEAK

---

**Fuel surcharge has been included due to recent escalations in fuel prices.**

**MSC products and services are subject to U.S. export control laws and regulations. Diversion contrary to U.S. law is prohibited. See MSC's standard terms and conditions of sale for further information.**

**IMPORTANT - Please detach and return this portion to ensure proper credit. Be sure to include your customer number on your check.**

**Ordered by:** JOE UHER  
**Payment Terms:** OPEN ACCOUNT - N/30  
**Invoice Type:** Open Account  
**Due Date:** 07/05/13

---

**Sub-Total: 271.44**  
**Shipping, Handling & Surcharge: 0.00**  
**Sales Tax: 0.00**

**Total: 271.44**

---

**Customer Name:** COLLEGE OF DUPAGE  
**Customer Number:** 00421143  
**Invoice Number:** 26442253  
**Amount Due:** $271.44
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1178037
Vendor Name: Nature Publishing Group
Invoice Number: 059675
Invoice Date: 07/17/13
PO Number: P0326274
Check Number: 0124239
Check Amount: $ 761.00
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220527
Document Type: AP Invoice

Invoice Image Below
From: "Konkel, Mary"
Sent: Tue Jul 16 08:09:19 CDT 2013
To: Invoicing
CC: "Sutton, Ellen"
Subject: Priority Invoice to Pay from Library

This invoice for Scientific American from Nature Publishing is a priority. Vendor has escalated our notice to pay. Ready for payment.

--MARY 😊

Mary S. Konkel
Professor
Head of Technical Services
College of DuPage Library S3040
425 Fawell Blvd.
Glen Ellyn, IL 60137-6599
Voice: 630-942-2662
Fax: 630-858-8757
E-mail: konkel@cod.edu
www.cod.edu/library

"Make no little plans. They have no magic to stir men’s blood and probably themselves will not be realized. Make big plans. Aim high in hope and work.” ~ Daniel Burnham.

please print only if needed

[attachment: Konkel Scientific American.pdf]
INVOICE

Invoice Number: 149498EI
Tax Date: 09-MAY-13

Charge to:
Denise Cote
College Of Dupage
425 Fawell Blvd
Glen Ellyn
ILLINOIS
USA
60137
Agent No: 3896412-1

Supply to:
Denise Cote
College Of Dupage
425 Fawell Blvd
Glen Ellyn
ILLINOIS
USA
60137
Cust No: 38964121

For queries regarding this order:
Sales Rep: Anton Borissov
Email: a.borissov@us.nature.com
For payment queries:
Credit controller: Nina Walker
Tel: +44 (0) 1256 302914
Email: CCOperations@nature.com
Account Number: 900-10772
Nature America Incorporated
Remittance to:
Site Licence Dept
Brunel Road, Basingstoke
Hampshire, RG21 6XS, UK
Tel: +44 (0)1256 328242
Fax: +44 (0)1256 812358
Our TAX No. GB 845 7675 79

Nature America, Inc. is an Equal Employment Opportunity employer and subject to applicable federal, state and local laws regarding non-discrimination. Nature America, Inc. provides equal employment opportunities to employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability of veteran status.

Agreement Number: 059675

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<th>Our Ref</th>
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<th>Qty</th>
<th>Description</th>
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<td>22566490</td>
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<td>1</td>
<td>Scientific American Site Licence 01/07/13 - 30/06/14</td>
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Payment is due 30 Days from the invoice date.
For payment options please see the reverse of the invoice.

Product Total: USD 761.00
VAT Total: USD 0.00
Invoice Total: USD 761.00

LISA STOCK

APPROVED 07/17/13

haytopiaf
Konkel
P0326274
Payment Options

Please make cheques payable to
Nature Publishing Group

Please send your remittance to:-

Nature Publishing Group
Site Licence Dept
Brunel Road,
Basingstoke
Hampshire
RG21 6XS, UK

Payments by transfer should be made to
NATIONAL WESTMINSTER BANK PLC,
3 LONDON STREET,
BASINGSTOKE,
HAMPShIRE, RG21 7NS

Sterling/GBP payment details:-
Swift Code: N/A
Sort Code: 60-02-49
Account Number: 01932810
IBAN Number: GB43 NWBK 6002 4901 9328 10

EURO payment details:-
Swift Code: NWBKGB2L
Sort Code: 60-02-49
Account Number: 06570895
IBAN Number: GB02 NWBK 6072 1306 5708 95

US Dollar/USD payment details:-
Swift Code: NWBKGB2L
Sort Code: 60-02-49
Account Number: 01800248
IBAN Number: GB96 NWBK-6073-0101-8002-48

We do accept credit card payments. If you wish to pay by Credit Card then please
FAX your details to +44 (0)1256 812358 showing an Email address where a receipt
will be forwarded.

Please note that a charge will be added to your card for values over £25K, $30K,
€30K. To discuss further contact CCOperations@nature.com

<table>
<thead>
<tr>
<th>CREDIT CARD DETAILS</th>
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<tr>
<td>INVOICE NUMBERS</td>
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<tr>
<td>CLIENT/COMPANY NAME</td>
</tr>
<tr>
<td>CARD HOLDERS NAME</td>
</tr>
<tr>
<td>VALUE</td>
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<tr>
<td>CURRENCY</td>
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<td>EXP DATE</td>
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<td>SECURITY # (on the back of the card)</td>
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EMAIL DETAILS TO FORWARD ON RECEIPT
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087002
Vendor Name: New Day Films
Invoice Number: B2-6652
Invoice Date: 07/11/13
PO Number: P0326093
Check Number: 0124241
Check Amount: $365.75
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220501
Document Type: AP Invoice

Invoice Image Below
Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 1  
Attachment File Type: PDF

Device Name: lrc-ps3  
Device Location: OCC 135

For more information on Xerox products and solutions, please visit http://www.xerox.com/

[attachment: img-716141510-0001.pdf]
<table>
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<th>DESCRIPTION</th>
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<th>EXTENDED PRICE</th>
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<tbody>
<tr>
<td>1</td>
<td>Lease for life of disc</td>
<td>$295.00</td>
<td>$295.00</td>
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<td>Taking the Heat: The First Women Fire 6652 DVD</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>54.0 min 2 06</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>S /LESS 10% FOR 2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Approved 07/17/13**

**Lisa Stock**
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087002
Vendor Name: New Day Films
Invoice Number: B2-6651
Invoice Date: 07/11/13
PO Number: P0326093
Check Number: 0124241
Check Amount: $365.75
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220502
Document Type: AP Invoice

Invoice Image Below
From: lrc-ps3 <CO DXerox@cod.edu>
Sent: Tue Jul 16 14:15:39 CDT 2013
To: invoicing@cod.edu
CC:
Subject: PO 326093

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 1
Attachment File Type: PDF

Device Name: lrc-ps3
Device Location: OCC 135

For more information on Xerox products and solutions, please visit http://www.xerox.com/

[attachment: img-716141539-0001.pdf]
# NEW DAY FILMS

190 Route 17M • Suite D • Harriman, NY 10926
voice/888-367-9154 • fax/846-774-2945 • www.newday.com

**BILL TO**

Larisa Miller  
College of DuPage  
Library  
425 Pawell Boulevard  
Glen Ellyn, IL 60137

**TELEPHONE** (630) 942-3664

**SHIP TO**

Larisa Miller  
College of DuPage  
Library  
425 Pawell Boulevard  
Glen Ellyn, IL 60137

**EMAIL** millerl@co.edu

---

**APPROVED 07/17/13**

**LISA STOCK**

---

**DATE ENTERED:** 07/11/13  
**INVOICE NO.:** B2-6651

**PLEASE PAY FROM THIS INVOICE SHOW OUR INVOICE NUMBER WHEN REMITTING**

**YOUR P.O. #:** 326093

---

**SHIPPING DATE:** 07/12/13  
**VIA:** Best Way  
**ASAP:** / /  
**SHOW DATE:** / /  
**SHIP BACK ON OR BEFORE:** / /  
**TERMS:** Net 30 days

<table>
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<tr>
<th>QUAN</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>EXTENDED PRICE</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Lease for life of disc When the Light's Red 6651 DVD</td>
<td>$ 89.00</td>
<td>$ 89.00</td>
</tr>
</tbody>
</table>

---

**NTRL** Rental or purchase of any New Day film, video or DVD program is for educational and non-theatrical projection or playback only. Purchase of a New Day film, video, or DVD effectively means a long term license for the life of the exact, print, cassette or DVD delivered. All New Day titles are fully protected by U.S. Copyright laws. Purchase, rental, or preview of a film or program does not include or imply rights to rent, loan, sub lease or sub license to others. New Day films may not be digitized, altered, transmitted, duplicated or reproduced by any means, without prior, written authorization from New Day Films and the FilmMaker. This license specifically excludes any digital or analog transmission or duplication of the program in whole or in part by broadcast, network, internet, open-cable, direct broadcast satellite, or other means, or to any off-campus, distance learning, or affiliation site, without written permission of New Day Films and the FilmMaker.

**SALES TAX** 0.00

**SHIPPING AMOUNT DUE** $100.25

---

W: 22-3475813 • D.U.N.S. #92-6994792

Page 1  
New Day Films, Inc.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087016
Vendor Name: Newark Electronics
Invoice Number: 23773200
Invoice Date: 05/28/13
PO Number: B0317758
Check Number: 124242
Check Amount: $ 43.99
Check Date: 07/25/2013
Department ID: 16765
Reviewer Name: None
Voucher Number: V0218323
Document Type: AP Invoice

Invoice Image Below
Newark
4801 N. Ravenswood Avenue
Chicago, Illinois 60640-4496

element14

Federal Tax I.D. No:
35-1167154

0310 011233 23773200 0000000 0000949 0000004399 0

College of DuPage Accounts Payable BO317758
425 Fawell Blvd
Glen Ellyn IL 60137 USA

INVOICE
CURRENCY: U.S. Dollar
INVOICE NO: 23773200
INVOICE DATE: 05/28/13
ACCOUNT NO: 011233
P.O. NO: BO317758
P.O. REL. NO:

SHIP TO: College of DuPage
Warehouse BO317758
425 Fawell Blvd
GLEN ELYN USA 60137 6708

ORDERED BY: Warehouse BO317758
INVOICE NO: 23773200
INVOICE DATE: 05/28/13
ACCOUNT NO: 011233
P.O. NO: BO317758
P.O. REL. NO:
DATE SHIPPED: 05/22/13
CARRIER DESCRIPTION: Bestway FOBS
ORDER NO./PACKING SLIP: 514504
PAYMENT TERMS: Net 30

Questions about your order? Call Newark/element14 Sales Rep. at: 1.800.463.9275 CUSTSERV@NEWARK.COM

Invoice Details:

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<th>Unit of Measure</th>
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<th>Extended Price</th>
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CUST PO LINE#: 002 Non-Cancelable, Non-Returnable
Tracking Number(s): 1ZX295600319695315

Mtd. Total: 34.50
Sales Tax: 0.00
Freight: 9.49

Account Statement

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Invoice Amount Due: 43.99

We're here to help:
CALL our Credit Analyst 800-678-8945
newark@acctrec.com

Please send us your payment by: 06/27/13

Save time and money! Send your payment via ACH or WIRE.

Account Name: Newark Collection
Account Number: 5800268095
ACH ABA Routing #: 071000039
WIRE ABA Routing #: 026009593

Please send invoice details via bank CTX or email at EFT_ACH@newark.com

THIS ORDER IS SUBJECT TO NEWARK'S TERMS & CONDITIONS
FOUND AT WWW.NEWARK.COM.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1199709
Vendor Name: Northern Tool & Equipment
Invoice Number: 28539394
Invoice Date: 06/07/13
PO Number: P0325523
Check Number: 124250
Check Amount: $ 75.51
Check Date: 07/25/2013
Department ID: 12031
Reviewer Name: None
Voucher Number: V0217795
Document Type: AP Invoice

Invoice Image Below
Accounts Payable
College of Dupage
425 Fawell Blvd
Glen Ellyn, IL 60137-6599

Customer Account #: 118723
Invoice #: 28539394
Printed on 06/07/2013

**APPROVED 07/22/13**

**SUSAN MARTIN**

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Sub Total: $75.51
Sales Tax: $0.00
Invoice Total: $75.51

To avoid finance charges and fees, please date and return stub with payment to the address below prior to the due date.

College of Dupage
425 Fawell Blvd
Glen Ellyn, IL 60137-6599

Customer Account #: 118723
Invoice #: 28539394
Authorization #: 16570456
Due Date: 07/08/2013
Amount Due: $75.51

Amount Enclosed: __________

BlueTarp Financial, Inc.
PO BOX 105525
ATLANTA GA 30348-5525

Questions? Call Customer Service at (888) 321-6668, Monday - Friday, 7 a.m. to 8 p.m. and Saturday, 8 a.m. to 5 p.m. (ET)
Or visit northerntool.bluetarp.com

001687045600000000000067371200000000000000118723600000075511
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 658653718001
Invoice Date: 05/22/13
PO Number: 325223
Check Number: 124254
Check Amount: $88.73
Check Date: 07/25/2013
Department ID: 14205
Reviewer Name: None
Voucher Number: V0218348
Document Type: AP Invoice

Invoice Image Below
OFFICE DEPOT
PO BOX 630813
CINCINNATI OH 45263-0813

FEDERAL ID: 59-2663934

BILL TO:
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FANELL BLVD
GLEN ELLYN IL 60137-6599

SHIP TO:
COLLEGE OF DUPAGE WESTMON
650 PASQUINELLI DR
WESTMONT IL 60559-1252

ACCOUNT NUMBER: 53286265
PURCHASE ORDER: 325223
SHIP TO ID: 07
BILLING ID: 9080291
ACCOUNT MANAGER: JANIS IGE

DESCRIPTION/CUSTOMER ITEM #: C00239
U/M: EACH
QTY: 1
ORD: 2
SRP: 88.73
SHP: 0
B/O: 0
UNIT PRICE: 88.73
EXTENDED PRICE: 88.73

SUB-TOTAL: 88.73
DELIVERY: 0.00
SALES TAX: 0.00
TOTAL: 88.73

All amounts are based on USD currency.

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first. For instructions. Shortage or damage must be reported within 5 days after delivery.

APPROVED 06/27/13
ANDREA LIEDTKE

Please return this stub with your payment to ensure prompt credit to your account.
Please DO NOT staple or fold. Thank You.
**BILL TO:**
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELlyn IL 60137-6599

**SHIP TO:**
COLLEGE OF DUPAGE WESTMON
650 PASQUINELLI DR
WESTMON IL 60559-1252

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**CONTINUED ON NEXT PAGE...**
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 658854749001
Invoice Date: 05/24/13
PO Number: 325257
Check Number: 124254
Check Amount: $179.99
Check Date: 07/25/2013
Department ID: 00782
Reviewer Name: None
Voucher Number: V0218345
Document Type: AP Invoice

Invoice Image Below
**Bill To:**
ATTN: ACCTS PAYABLE  
COLG OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

**Ship To:**
COLLEGE OF DUPAGE SHIPPI  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

### Account Details

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<td>22-MAY-13</td>
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### Catalog Item Details

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<th>QTY ORD</th>
<th>QTY SHIP</th>
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<th>Extended Price</th>
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**Delivery**

0.00

**Sales Tax**

0.00

**Total**

179.99

---

**Approved 07/08/13**  
James Martner

---

**Amount Enclosed**

FLO  
090802919 6588547490019 00000017999 1 9

---

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 658854797001
Invoice Date: 05/23/13
PO Number: 325262
Check Number: 124254
Check Amount: $ 15.66
Check Date: 07/25/2013
Department ID: 00233
Reviewer Name: None
Voucher Number: V0218344
Document Type: AP Invoice

Invoice Image Below
**Original Invoice**

**FEDERAL ID:** 59-2663954

**BILL TO:**
ATTN: ACCTS PAYABLE  
COLG OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

**SHIP TO:**
COLLEGE OF DUPAGE SHIPPI  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

<table>
<thead>
<tr>
<th>ACCOUNT NUMBER</th>
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<th>ORDER NUMBER</th>
<th>ORDER DATE</th>
<th>SHIPPED DATE</th>
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<td>22-MAY-13</td>
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- **ACCOUNT ID ACCOUN MANAGER:** 9080291  
- **MANAGER:** Cline, Danielle  
- **COST CENTER:** Cline, Danielle

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<th>QTY ORD</th>
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</table>

- **SUB-TOTAL:** 15.66  
- **DELIVERY:** 0.00  
- **SALES TAX:** 0.00  
- **TOTAL:** 15.66

All amounts are based on USD currency.

---

**APPROVED 07/22/13**  
**EARL DOWLING**

---

**DETACH HERE**

**CUSTOMER NAME:** COLG OF DUPAGE  
**BILLING ID:** 9080291  
**INVOICE NUMBER:** 658854797001  
**INVOICE DATE:** 23-MAY-13  
**INVOICE AMOUNT:** 15.66

**AMOUNT ENCLOSED**

FLO: 09080291 6588547970010 00000000001566 1 4

---

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 658854800001
Invoice Date: 05/23/13
PO Number: 325260
Check Number: 124254
Check Amount: $ 69.99
Check Date: 07/25/2013
Department ID: 00013
Reviewer Name: None
Voucher Number: V0218340
Document Type: AP Invoice

Invoice Image Below
**INVOICE**

**FEDERAL ID:** 59-2663954

**BILL TO:**
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

**SHIP TO:**
COLLEGE OF DUPAGE TECHNIC
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

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**SUB-TOTAL**
69.99

**DELIVERY**
0.00

**SALES TAX**
0.00

**TOTAL**
69.99

All amounts are based on USD currency.

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 3 days after delivery.

---

**CERTIFIED **

**APPROVED 06/26/15**

**KRISTINE FAY**

---

**DETAUGH HERE**

**CUSTOMER NAME**
COLG OF DUPAGE

**BILLING ID**
9080291

**INVOICE NUMBER**
658854800001

**INVOICE DATE**
23-MAY-13

**INVOICE AMOUNT**
69.99

**AMOUNT ENCLOSED**

---

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 658854789001
Invoice Date: 05/23/13
PO Number: 325261
Check Number: 124254
Check Amount: $ 19.95
Check Date: 07/25/2013
Department ID: 00461
Reviewer Name: None
Voucher Number: V0218339
Document Type: AP Invoice

Invoice Image Below
**ORIGINAL INVOICE**

**THANKS FOR YOUR ORDER**

**IF YOU HAVE ANY QUESTIONS OR PROBLEMS, JUST CALL US**

**FOR CUSTOMER SERVICE ORDER:** (888) 263-3423
**FOR ACCOUNT:** (800) 721-6592

<table>
<thead>
<tr>
<th>INVOICE NUMBER</th>
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**INVOICE DATE:** 23-MAY-13  **TERMS:** Net 30  **PAYMENT DUE:** 23-JUN-13

**BILL TO:**
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

**SHIP TO:**
COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

<table>
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**BILLING ID**  9080291  **ACCOUNT MANAGER**  Mary Modaff  **RELEASE**  SSC2221  **DESKTOP**  MARY MODAFF, SSC2221

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**SUB-TOTAL**  19.95

**DELIVERY**  0.00

**SALES TAX**  0.00

**TOTAL**  19.95

---

**APPROVED 07/11**

**JO COLLINS**

---

**CUSTOMER NAME**  COLG OF DUPAGE
**BILLING ID**  9080291  **INVOICE NUMBER**  658854789001  **INVOICE DATE**  23-MAY-13  **AMOUNT ENCLODED**  19.95

---

**FLO**  090802919  6588547890010  0000001975  1  2

---

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 658854763001
Invoice Date: 05/23/13
PO Number: 325259
Check Number: 124254
Check Amount: $328.06
Check Date: 07/25/2013
Department ID: 00461
Reviewer Name: None
Voucher Number: V0218338
Document Type: AP Invoice

Invoice Image Below
**Bill To:**
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

**Ship To:**
COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

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**Total**

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</table>

All amounts are based on USD currency.

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

**Detach Here**

**Customer Name**
COLG OF DUPAGE

**Billing ID**
9080291

**Invoice Number**
658854763001

**Invoice Date**
23-MAY-13

**Invoice Amount**
328.06

**Amount Enclosed**

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.

**Approved 07/11/13**

**JO COLLINS**
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 658989995001
Invoice Date: 05/24/13
PO Number: P0325296
Check Number: 124254
Check Amount: $ 385.52
Check Date: 07/25/2013
Department ID: 00757
Reviewer Name: None
Voucher Number: V0218332
Document Type: AP Invoice

Invoice Image Below
**ORIGINAL INVOICE**

**THANKS FOR YOUR ORDER**

IF YOU HAVE ANY QUESTIONS OR PROBLEMS, JUST CALL US
FOR CUSTOMER SERVICE ORDER: (888) 263-3423
FOR ACCOUNT: (800) 721-6592

<table>
<thead>
<tr>
<th>INVOICE NUMBER</th>
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**BILL TO:**

ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

**SHIP TO:**

COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

<table>
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**SUB-TOTAL**

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</table>

All amounts are based on USD currency.

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

**DETACH HERE**

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FLO 090802919 6589899950014 00000038552 1 2

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
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**BILL TO:**
ATTN: ACCTS PAYABLE  
COLG OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

**SHIP TO:**
COLLEGE OF DUPAGE SHIPPI  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

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Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 658854802001
Invoice Date: 5/23/13
PO Number: 325263
Check Number: 124254
Check Amount: $ 486.03
Check Date: 07/25/2013
Department ID: 00137
Reviewer Name: None
Voucher Number: V0220415
Document Type: AP Invoice

Invoice Image Below
# Original Invoice

**FEDERAL ID:** 59-2663954

**BILL TO:**
ATTN: ACCTS PAYABLE  
COLG OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

**SHIP TO:**
COLLEGE OF DUPAGE SHIPPI  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

**ACCOUNT NUMBER:** 352862665  
**PURCHASE ORDER:** 325263  
**SHIP TO ID:** 99

**BILLING ID:** 9080291  
**ACCOUNT MANAGER:** CAFFEY, S JILL  
**RELEASE:**

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**SUB-TOTAL:** 486.03  
**DELIVERY:** 0.00  
**SALES TAX:** 0.00  
**TOTAL:** 486.03

All amounts are based on USD currency. To return supplies, please return in original box and insert our packing list or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

**APPROVED 06/17/13**  
**THOMAS CAMERON**

**DETACH HERE**

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**FL0 090802919 6588548020013 00000048603 1 2**

Please return stub with your payment to ensure prompt credit to your account. Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087302  
Vendor Name: Office Depot  
Invoice Number: 658854755001  
Invoice Date: 05/23/13  
PO Number: 325256  
Check Number: 124254  
Check Amount: $ 120.30  
Check Date: 07/25/2013  
Department ID: 00750  
Reviewer Name: None  
Voucher Number: V0216270  
Document Type: AP Invoice

Invoice Image Below
**BILL TO:**
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

**SHIP TO:**
COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

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**APPROVED 06/18/13**
**ELLEN ROBERTS**

**SUB-TOTAL**
120.30

**DELIVERY**
0.00

**SALES TAX**
0.00

**TOTAL**
120.30

All amounts are based on USD currency.

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

**CUSTOMER NAME**
COLG OF DUPAGE

**BILLING ID**
9080291

**INVOICE NUMBER**
658854755001

**INVOICE DATE**
23-MAY-13

**INVOICE AMOUNT**
120.30

**AMOUNT ENCLOSED**

| FL0 | 09080291 | 6588547550010 | 000000120301 | 7 |

Please send your check to:
OFFICE DEPOT
P.O. Box 88040
Chicago IL 60680-1040

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659683561001
Invoice Date: 05/30/13
PO Number: 325401
Check Number: 124254
Check Amount: $138.84
Check Date: 07/25/2013
Department ID: 00625
Reviewer Name: None
Voucher Number: V0217538
Document Type: AP Invoice

Invoice Image Below
Bill to:  
ATTN: ACCTS PAYABLE  
COLG OF DUPAGE  
425 FAWELL BLVD  
GLEN ELlyn IL 60137-6599  

Ship to:  
COLLEGE OF DUPAGE SHIPPI  
425 FAWELL BLVD  
GLEN ELlyn IL 60137-6599  

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**Instructions:** Please deliver to Lynne Grezek, HSC 1122 (Dental Hygiene).

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Subtotal: $138.84  

**To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not contact John. Please do not return furniture or mattresses until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.**
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659683563001
Invoice Date: 05/30/13
PO Number: 325399
Check Number: 124254
Check Amount: $ 158.08
Check Date: 07/25/2013
Department ID: 00037
Reviewer Name: None
Voucher Number: V0217536
Document Type: AP Invoice

Invoice Image Below
**Bill To:**

ATTN: ACCIS PAYABLE  
COLG OF DUPAGE  
425 FAWELL BLVD  
GLEN ELlyn IL 60137-6599

**Ship To:**

COLLEGE OF DUPAGE SHIPPI  
425 FAWELL BLVD  
GLEN ELlyn IL 60137-6599

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**Invoiced By:**

**Billing ID:** 9080291

**Account Manager:** Cabay, Susan

**Order Number:** 659683563001

**Order Date:** 29-May-13

**Shipped Date:** 30-May-13

---

**Approved:** 07/21/13  
**Kristine Fay**

CONTINUED ON NEXT PAGE...
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FEDERAL ID: 59-2663954

BILL TO:
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

SHIP TO:
COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

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<td>29-MAY-13</td>
<td>30-MAY-13</td>
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BILLING ID | ACCOUNT MANAGER | RELEASE | ORDERED BY | DESKTOP | COST CENTER |
------------|-----------------|---------|------------|---------|-------------|
9080291     | Cabay, Susan    |         |            |         |             |

<table>
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<tr>
<th>CATALOG ITEM #/ MANUF CODE</th>
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<th>QTY</th>
<th>QTY</th>
<th>UNIT PRICE</th>
<th>EXTENDED PRICE</th>
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|          |                  |         |     |     |     |             |                 |
|          |                  |         |     |     |     |             |                 |

SUB-TOTAL | 158.08
DELIVERY   | 0.00
SALES TAX  | 0.00
TOTAL      | 158.08

All amounts are based on USD currency

To return supplies, please repackage in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

DETACH HERE

CUSTOMER NAME | BILLING ID | INVOICE NUMBER | INVOICE DATE | INVOICE AMOUNT | AMOUNT ENCLOSED
---------------|------------|----------------|--------------|----------------|----------------|
COLG OF DUPAGE | 9080291    | 659683563001   | 30-MAY-13    | 158.08         |

FLO 090802919 6596835630014 00000015808 1 5

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.

OFFICE DEPOT
PO Box 88040
Chicago IL 60680-1040

Send Your Check to:

012056-001442
00041/00046
```
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659683564001
Invoice Date: 05/30/13
PO Number: P0325399
Check Number: 124254
Check Amount: $21.90
Check Date: 07/25/2013
Department ID: 00037
Reviewer Name: None
Voucher Number: V0217534
Document Type: AP Invoice

Invoice Image Below
Bill to:
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELlyn IL 60137-6599

Ship to:
COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLEN ELlyn IL 60137-6599

<table>
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<th>ACCOUNT NUMBER</th>
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<th>ORDER NUMBER</th>
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SUB TOTAL: 21.90
DELIVERY: 0.00
SALES TAX: 0.00
TOTAL: 21.90

All amounts are based on USD currency.

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note the problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

Kristine Fay
07/21/13

Please return this stub with your payment to ensure prompt credit to your account.

Please Do NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659893879001
Invoice Date: 05/31/13
PO Number: 325432
Check Number: 124254
Check Amount: $75.98
Check Date: 07/25/2013
Department ID: 14205
Reviewer Name: None
Voucher Number: V0217533
Document Type: AP Invoice

Invoice Image Below
## ORIGINAL INVOICE

**Office Depot, Inc**

PO BOX 630813
CINCINNATI OH 45263-0813

FEDERAL ID: 59-2663954

**BILL TO:**

ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELYN IL 60137-6599

**SHIP TO:**

COLLEGE OF DUPAGE WESTMON
650 PASQUINELLI DR
WESTMONT IL 60559-1252

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**SUB-TOTAL**

75.98

**DELIVERY**

0.00

**SALES TAX**

0.00

**TOTAL**

75.98

All amounts are based on USD currency.

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

△ DETACH HERE △

<table>
<thead>
<tr>
<th>CUSTOMER NAME</th>
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FLO 090802917 6598938790013 000000007598 1 3

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 65965456002
Invoice Date: 06/03/13
PO Number: B0317723
Check Number: 124261
Check Amount: $ 8.43
Check Date: 07/25/2013
Department ID: 16765
Reviewer Name: None
Voucher Number: V0217527
Document Type: AP Invoice

Invoice Image Below
BILL TO:
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

SHIP TO:
COLLEGE OF DUPAGE
SHIPPING & RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

ACCOUNT NUMBER: 659654562002
RECEIVED BY: LOUISE TANNURA

CUTLERY, PLAS, KNIFE, 100CT, 6956686
SPOON, PLASTIC, 100CT, WHITE 508450

SUB-TOTAL 8.43
DELIVERY 0.00
SALES TAX 0.00
TOTAL 8.43

All amounts are based on USD currency

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 3 days after delivery.

CUSTOMER NAME: COLG OF DUPAGE
BILLING ID: 175760
INVOICE NUMBER: 659654562002
INVOICE DATE: 03-JUN-13
INVOICE AMOUNT: 8.43

FLO 001757608 659654562002 00000000843 1 0

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659945774001
Invoice Date: 05/31/13
PO Number: B0324035
Check Number: 124260
Check Amount: $ 77.79
Check Date: 07/25/2013
Department ID: 14925
Reviewer Name: None
Voucher Number: V0217525
Document Type: AP Invoice

Invoice Image Below
**Bill To:**
ATTN: ACCT PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

**Ship To:**
COLG OF DUPAGE
RODNEY K BERG INSTRUCTION
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

<table>
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**Catalog Item #/ MANUFACTURE CODE**

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**Sub-Total**

77.79

**Shipping and Handling**

0.00

**Sales Tax**

0.00

**Total**

77.79

---

**Approved 06/19/13**

Diane Szakonyi

---

**Customer Name**

COLG OF DUPAGE

**Billing ID**

175760

**Invoice Number**

659945774001

**Invoice Date**

31-MAY-13

**Invoice Amount**

77.79

---

**Amount Enclosed**

---

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.

OFFICE DEPOT
PO Box 653211
Cincinnati OH 45263-3211
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659219393001
Invoice Date: 05/28/13
PO Number: P0325320
Check Number: 124254
Check Amount: $188.00
Check Date: 07/25/2013
Department ID: 00305
Reviewer Name: None
Voucher Number: V0217513
Document Type: AP Invoice

Invoice Image Below
Bill To:
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

Ship To:
COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

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</table>

Approved 06/19/13
Beverly Reed

Continued on next page...
## Original Invoice

**Office Depot, Inc.**

**PO BOX 630813**

**CINCINNATI OH 45263-0813**

**FEDERAL ID:** 59-2663954

---

**Bill To:**

**ATTN:** ACCTS PAYABLE

**COLG OF DUPAGE**

**425 FAWE LL BLVD**

**GLEN ELLYN IL 60137-6599**

---

**Ship To:**

**COLLEGE OF DUPAGE SHIPPI**

**425 FAWE LL BLVD**

**GLEN ELLYN IL 60137-6599**

---

**Account Number:** 53286265

**Purchase Order:** 659219393001

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**Sub-Total:** 188.00

**Delivery:** 0.00

**Sales Tax:** 0.00

**Total:** 188.00

---

*To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.*

---

**Customer Name:** COLG OF DUPAGE

**Billing ID:** 9080291

**Invoice Number:** 659219393001

**Invoice Date:** 28-MAY-13

**Amount Enclosed:** 188.00

---

**Please return this stub with your payment to ensure prompt credit to your account.**

**Please DO NOT staple or fold. Thank You.**
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659682558001
Invoice Date: 05/30/13
PO Number: 325396
Check Number: 124254
Check Amount: $ 255.97
Check Date: 07/25/2013
Department ID: 00462
Reviewer Name: None
Voucher Number: V0217498
Document Type: AP Invoice

Invoice Image Below
## Original Invoice

**Office Depot, Inc.**
PO BOX 830813
CINCINNATI OH 45263-0813

**FEDERAL ID:** 59-2663954

### BILL TO:
ATTN: ACCT PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLENN ELLYN IL 60137-6599

### SHIP TO:
COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLENN ELLYN IL 60137-6599

---

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**INVOICE DATE:** 30-MAY-13
**TERMS:** Net 30
**PAYMENT DUE:** 30-JUN-13

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### ACCOUNT NUMBER: 5528626250

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**CONTINUED ON NEXT PAGE...**
### ORIGINAL INVOICE

**THANKS FOR YOUR ORDER**

*IF YOU HAVE ANY QUESTIONS OR PROBLEMS, JUST CALL US*

**FOR CUSTOMER SERVICE ORDER:** (888) 263-3423

**FOR ACCOUNT:** (800) 721-6592

<table>
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<th>INVOICE NUMBER</th>
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**INVOICE DATE:** 30-MAY-13  
**TERMS:** Net 30  
**PAYMENT DUE:** 30-JUN-13

---

**SHIP TO:**

COLLEGE OF DUPAGE SHIPPI  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

---

**BILL TO:**

ATTN: ACCTS PAYABLE  
COLG OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

---

<table>
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**BILING ID** 9080291  
**ACCOUNT MANAGER** Jones-Ward, Patricia  
**RELEASE** JONES-WARD, PATRICIA  
**ORDERED BY** DESKTOP  
**COST CENTER** COST CENTER

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**SUB-TOTAL** 255.97

**DELIVERY** 0.00

**SALES TAX** 0.00

**TOTAL** 255.97

---

All amounts are based on USD currency

---

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replace, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

---

**CUSTOMER NAME** COLG OF DUPAGE

**BILLING ID** 9080291

**INVOICE NUMBER** 659682558001

**INVOICE DATE** 30-MAY-13

**INVOICE AMOUNT** 255.97

**AMOUNT ENCLOSED** 090802919 6596825580013 00000025597 1 2

---

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659683557001
Invoice Date: 05/30/13
PO Number: 
Check Number: 124254
Check Amount: $ 75.98
Check Date: 07/25/2013
Department ID: 14205
Reviewer Name: None
Voucher Number: V0217497
Document Type: AP Invoice

Invoice Image Below
**Bill To:**
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELlyn IL 60137-6599

**Ship To:**
COLLEGE OF DUPAGE WESTMON
650 PASQUINELLI DR
WESTMON IL 60559-1252

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**Sub-Total:** 75.98
**Delivery:** 0.00
**Sales Tax:** 0.00
**Total:** 75.98

All amounts are based on USD currency. To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

---

**Original Invoice**

**Thanks for Your Order**

**If You Have Any Questions or Problems, Just Call Us**
FOR CUSTOMER SERVICE ORDER: (888) 263-3423
FOR ACCOUNT: (800) 721-6592

<table>
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<td>Page 1 of 1</td>
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**Approved 06/24/13**

**Andrea Liedtke**

---

**Detach Here**

**Customer Name:** COLG OF DUPAGE

**Billing ID:** 9080291

**Invoice Number:** 659683557001

**Invoice Date:** 30-MAY-13

**Invoice Amount:** 75.98

**AMOUNT ENCLOSED**

FLO 090802919 6596835570012 00000007598 1 2

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 660785489001
Invoice Date: 06/04/13
PO Number: B0318205
Check Number: 124271
Check Amount: $ 19.11
Check Date: 07/25/2013
Department ID: 00433
Reviewer Name: None
Voucher Number: V0218316
Document Type: AP Invoice

Invoice Image Below
**FEDERAL ID:** 59-2663954

**BILL TO:**
ATTN: ACCT PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELlyn IL 60137-6599

**SHIP TO:**
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELlyn IL 60137-6599

**ACCOUNT NUMBER** | **PO# ACCT CODE** | **SHIP TO ID** | **ORDER NUMBER** | **ORDER DATE** | **SHIPPED DATE**
---|---|---|---|---|---
318205 | 318205 | TECHNICAL EDU CENTER | 660785489001 | 03-JUN-13 | 04-JUN-13

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**SUB-TOTAL:** 19.11

**DELIVERY:** 0.00

**SALES TAX:** 0.00

**TOTAL:** 19.11

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**APPROVED 06/26/13**

**KRISTINE FAY**

---

**CUSTOMER NAME:** COLG OF DUPAGE

**BILLING ID:** 175760

**INVOICE NUMBER:** 660785489001

**INVOICE DATE:** 04-JUN-13

**INVOICE AMOUNT:** 19.11

**AMOUNT ENCLOSURED:**

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*Please return this stub with your payment to ensure prompt credit to your account.*

*Please DO NOT staple or fold. Thank You.*
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659721428001
Invoice Date: 05/30/13
PO Number: B0317724
Check Number: 124270
Check Amount: $ 941.12
Check Date: 07/25/2013
Department ID: 16765
Reviewer Name: None
Voucher Number: V0218314
Document Type: AP Invoice

Invoice Image Below
## Original Invoice

**Bill To:**

ATTN: ACCTS PAYABLE  
COLG OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

**Ship To:**

COLLEGE OF DUPAGE  
SHIPPING & RECEIVING  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

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**Sub-Total**

941.12

**Delivery**

0.00

**Sales Tax**

0.00

**Total**

941.12

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To return supplies, please repack in original box and insert our packing list or copy of this invoice. Please note problems so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

**Approved 06/27/13**  
**Keith Zeitz**

**Detach Here**

**Customer Name**

COLG OF DUPAGE

**Billing ID**

175760

**Invoice Number**

659721428001

**Invoice Date**

30-May-13

**Invoice Amount**

941.12

**Amount Enclosed**

FLO 001757608 6597214280017 00000094112 1 4

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Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659665856001
Invoice Date: 05/30/13
PO Number: B0318968
Check Number: 124269
Check Amount: $ 2.94
Check Date: 07/25/2013
Department ID: 00457
Reviewer Name: None
Voucher Number: V0218311
Document Type: AP Invoice

Invoice Image Below
**INVOICE**

**Thanks for Your Order**

If you have any questions or problems, just call us for customer service:

- **Service Order:** (888) 263-3423
- **Customer Service:** (800) 721-6592

**Bill To:**

ATTN: ACCTS PAYABLE  
COLG OF DUPAGE  
425 FAWELL BLVD  
GLEN ELYN IL 60137-6599

**Ship To:**

COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELYN IL 60137-6599

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**Sub-Total:** 2.94

**Delivery:** 0.00

**Sales Tax:** 0.00

**Total:** 2.94

All amounts are based on USD currency.

To return supplies, please repack in original box and insert packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

Customer: COLG OF DUPAGE  
Billing ID: 175760

**FLO**  
001757608 6596658560017 00000000294 1 1

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank you.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659665083001
Invoice Date: 05/30/13
PO Number: B0318968
Check Number: 124254
Check Amount: $345.27
Check Date: 07/25/2013
Department ID: 00457
Reviewer Name: None
Voucher Number: V0218310
Document Type: AP Invoice

Invoice Image Below
# Original Invoice

**Office Depot, Inc.**

**FEDERAL ID:** 59-2663954

**BILL TO:**
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

**SHIP TO:**
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

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**INVOICE DATE:** 30-MAY-13  
**TERMS:** Net 30  
**PAYMENT DUE:** 29-JUN-13

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CONTINUED ON NEXT PAGE...
## Invoice

**Receipt Information**
- **Bill To:**
  - ATTN: ACCTS PAYABLE
  - COLG OF DUPAGE
  - 425 FAWELL BLVD
  - GLEN ELLYN IL 60137-6599

- **Ship To:**
  - COLLEGE OF DUPAGE
  - 425 FAWELL BLVD
  - GLEN ELLYN IL 60137-6599

**Invoice Details**
- **Invoice Number:** 659665083001
- **Amount Due:** 345.27
- **Page Number:** Page 2 of 2
- **Invoice Date:** 30-MAY-13
- **Terms:** Net 30
- **Payment Due:** 29-JUN-13

**Account Details**
- **Account Number:** 39599364
- **PO/Account Code:** B318968
- **Shipping Info:**
  - Student Resource CTR
  - Order Number: 659665083001
  - Order Date: 29-MAY-13
  - Shipped Date: 30-MAY-13

**Catalog Item Information**
- **Billing ID:** 175760
- **Account Manager:** SALAZAR, E
- **Release:** EMANUEL SALAZAR
- **Room #:** 20488
- **Department:** ARRI

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**Subtotal:** 345.27
**Delivery:** 0.00
**Sales Tax:** 0.00
**Total:** 345.27

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*To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problems so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.*

---

**Amount Enclosed:**

**Customer Name:** COLG OF DUPAGE

**Billing ID:** 175760

**Invoice Number:** 659665083001

**Invoice Date:** 30-MAY-13

**Invoice Amount:** 345.27

**Flo:** 001757608 6596650830012 00000034527 1 1

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Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659654562001
Invoice Date: 05/30/13
PO Number: B0317723
Check Number: 124268
Check Amount: $ 62.32
Check Date: 07/25/2013
Department ID: 16765
Reviewer Name: None
Voucher Number: V0218309
Document Type: AP Invoice

Invoice Image Below
**INVOICE**

**To:**
ATTN: ACCTS PAYABLE  
COLG OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

**From:**
COLLEGE OF DUPAGE  
SHIPPING & RECEIVING  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

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**Total:** 62.32

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**Approved 06/27/13**
KEITH ZEITZ

---

**Customer Name:** COLG OF DUPAGE  
**Billing ID:** 175760  
**Invoice Number:** 659654562001  
**Invoice Date:** 30-MAY-13  
**Invoice Amount:** 62.32

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Please return this stub with your payment to ensure prompt credit to your account.  
Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659654127001
Invoice Date: 05/30/13
PO Number: B0317723
Check Number: 124267
Check Amount: $ 12.20
Check Date: 07/25/2013
Department ID: 16765
Reviewer Name: None
Voucher Number: V0218307
Document Type: AP Invoice

Invoice Image Below
BILL TO:
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELYNN IL 60137-6599

SHIP TO:
COLLEGE OF DUPAGE
SHIPPING & RECEIVING
425 FAWELL BLVD
GLEN ELYNN IL 60137-6599

ACCOUNT NUMBER: 59599936
POW ACCT CODE: 57723
BILLING ID: 175760
ACCOUNT MANAGER: L. TANNARA
ORDERED BY: L. TANNARA
RECEIVING: SRC 215S
INFO: TECH.

CATALOG ITEM #: 525946
DESCRIPTION: REFILL,2PPD,REC,JAN,5.5X8
MANUFACTURER #: 35423-13

ORDER NUMBER: 659654127001
ORDER DATE: 29-MAY-13
SHIP DATE: 30-MAY-13

U/M: EA
QtY ORD: 1
QtY SHIP: 1
QtY B/O: 0
UNIT PRICE: 12.20
EXTENDED PRICE: 12.20

SUB-TOTAL: 12.20
DELIVERY: 0.00
SALES TAX: 0.00
TOTAL: 12.20

ALL AMOUNTS ARE BASED ON USD CURRENCY

APPROVED 06/27/13
KEITH ZEITZ

 commodity

A DETACH HERE A

CUSTOMER NAME
COLG OF DUPAGE
BILLING ID: 175760
INVOICE NUMBER: 659654127001
INVOICE DATE: 30-MAY-13
INVOICE AMOUNT: 12.20
AMOUNT ENCLOSED: 001757608 659654127001 12.20

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087302  
Vendor Name: Office Depot  
Invoice Number: 659347717001  
Invoice Date: 05/29/13  
PO Number: B0318237  
Check Number: 124266  
Check Amount: $ 454.43  
Check Date: 07/25/2013  
Department ID: 15065  
Reviewer Name: None  
Voucher Number: V0218300  
Document Type: AP Invoice

Invoice Image Below
**BILL TO:**
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

**SHIP TO:**
COLLEGE OF DUPAGE
RM 2012 LEARNING COMMONS
425 FAWELL BLVD BLDG SRC
GLEN ELLYN IL 60137-6599

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Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659348862001
Invoice Date: 05/30/13
PO Number: B0318237
Check Number: 124265
Check Amount: $ 519.96
Check Date: 07/25/2013
Department ID: 15065
Reviewer Name: None
Voucher Number: V0218298
Document Type: AP Invoice

Invoice Image Below
THANKS FOR YOUR ORDER
IF YOU HAVE ANY QUESTIONS OR PROBLEMS, JUST CALL US
FOR CUSTOMER SERVICE ORDER: (888) 263-3423
FOR ACCOUNT: (800) 721-6592

INVOICE NUMBER AMOUNT DUE PAGE NUMBER
659348862001 519.96 Page 1 of 1
INVOICE DATE TERMS PAYMENT DUE
30-MAY-13 Net 30 29-JUN-13

SHIP TO:
COLLEGE OF DUPAGE
RM 2012 LEARNING COMMONS
425 FAWEll BLVD BLDG SRC
GLEN ELLYN IL 60137-6599

BILL TO:
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWEll BLVD
GLEN ELLYN IL 60137-6599

ACCOUNT NUMBER PO ACCT CODE SHIP TO ID ORDER NUMBER ORDER DATE SHIPPED DATE
395999384 B 318237 425FAWELLBLVDSRC 659348862001 28-MAY-13 30-MAY-13

BILLING ID ACCOUNT MANAGER CONTACT NAME ORDERED BY ROOM# DEPT NAME
175760 C YEARMAN CYNTHIA YEARMAN SRC 2102

CATALOG ITEM #/ MANUFACT CODE DESCRIPTION/ CUSTOMER ITEM # U/M QTY QTY ORDERED QTY SHIPPED QTY B/O UNIT PRICE EXTENDED PRICE
208377 84PLSE/CLM111/BH CALCULATOR,GRAPH,TI-84+,B EA 4 4 0 129.900 519.96

SUB-TOTAL 519.96
DELIVERY 0.00
SALES TAX 0.00
TOTAL 519.96

All amounts are based on USD currency

CUSTOMER NAME BILLING ID INVOICE NUMBER INVOICE DATE INVOICE AMOUNT
COLG OF DUPAGE 175760 659348862001 30-MAY-13 519.96

AMOUNT ENCLOSED

DETACH HERE

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 660830814001
Invoice Date: 06/05/13
PO Number: B0317723
Check Number: 124264
Check Amount: $ 18.12
Check Date: 07/25/2013
Department ID: 16765
Reviewer Name: None
Voucher Number: V0218297
Document Type: AP Invoice

Invoice Image Below
**Bill To:**

ATTN: ACCTS PAYABLE  
COLG OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

**Ship To:**

COLLEGE OF DUPAGE  
SHIPPING & RECEIVING  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

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**Sub-Total**  

18.12

**DELIVERY**  

0.00

**SALES TAX**  

0.00

**TOTAL**  

18.12

All amounts are based on USD currency.

To return supplies, please repack in original box and return our packing list or copy of this invoice. Please note: damage or shortage within 5 days of delivery.

**Please return this stub with your payment to ensure prompt credit to your account.**

**Please DO NOT staple or fold. Thank you.**
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659022603001
Invoice Date: 05/24/13
PO Number: B0318205
Check Number: 124263
Check Amount: $ 46.42
Check Date: 07/25/2013
Department ID: 00433
Reviewer Name: None
Voucher Number: V0218289
Document Type: AP Invoice

Invoice Image Below
# ORIGINAL INVOICE

## THANKS FOR YOUR ORDER

**IF YOU HAVE ANY QUESTIONS OR PROBLEMS, JUST CALL US**

**FOR CUSTOMER SERVICE ORDER:** (888) 263-3423  
**FOR ACCOUNT:** (800) 721-6592

<table>
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<tr>
<th>INVOICE NUMBER</th>
<th>AMOUNT DUE</th>
<th>PAGE NUMBER</th>
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<tr>
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<td>46.42</td>
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**INVOICE DATE**  
24-MAY-13  
**TERMS**  Net 30  
**PAYMENT DUE**  29-JUN-13  

**SHIP TO:**  
COLG OF DUPAGE  
425 FAWEIl BLVD  
GLEN ELLYN IL 60137-6599

---

**ACCOUNT NUMBER:** 39599384  
**PO# ACCOUNT CODE:** 318205  
**TECHNICAL EDU CENTER**  
**ORDER NUMBER:** 659022603001  
**ORDER DATE:** 23-MAY-13  
**SHIPPED DATE:** 24-MAY-13

**BILLING ID:** 175760  
**ACCOUNT MANAGER:** K.C. COSENTINO  
**CONTACT NAME:** KATHY COSENTINO  
**ORDERED BY:** K.C. COSENTINO  
**ROOM:** TEC 1034  
**DEPT NAME:** TEC 1034

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**SUB-TOTAL** 46.42  
**DELIVERY** 0.00  
**SALES TAX** 0.00  
**TOTAL** 46.42

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**CUSTOMER NAME:** COLG OF DUPAGE  
**BILLING ID:** 175760  
**INVOICE NUMBER:** 6590226030001  
**INVOICE DATE:** 24-MAY-13  
**INVOICE AMOUNT:** 46.42  
**AMOUNT ENCLODED**

---

**FLO**  
001757608 65902260300017 000000004642 1 6

---

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 655224369002
Invoice Date: 05/29/13
PO Number: B0318237
Check Number: 124262
Check Amount: $ 59.99
Check Date: 07/25/2013
Department ID: 15065
Reviewer Name: None
Voucher Number: V0218288
Document Type: AP Invoice

Invoice Image Below
# ORIGINAL INVOICE

**THANKS FOR YOUR ORDER**

**FOR CUSTOMER SERVICE ORDER:** (888) 263-3423
**FOR ACCOUNT:** (800) 721-6592

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**INVOICE DATE** | **TERMS** | **PAYMENT DUE** |
| 29-MAY-13       | Net 30    | 29-JUN-13    |

**BILL TO:**

**ATTN:** ACCTS PAYABLE
**COLG OF DUPAGE**
**425 FAWELL BLVD**
**GLEN ELYNN IL 60137-6599**

---

**SHIPPED TO:**

**COLLEGE OF DUPAGE**
**RM 2012 LEARNING COMMONS**
**425 FAWELL BLVD BLDG SRC**
**GLEN ELYNN IL 60137-6599**

---

**ACCOUNT NUMBER** | **PN ACCT CODE** | **SHIP TO ID** | **ORDER NUMBER** | **ORDER DATE** | **SHIPPED DATE** |
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**CATALOG ITEM #** | **DESCRIPTION/CUSTOMER ITEM #** | **U/M** | **QTY** | **QTY** | **QTY** | **UNIT PRICE** | **EXTENDED PRICE** |
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**SUB-TOTAL** | **DELIVERY** | **SALES TAX** | **TOTAL** |
| 59.99         | 0.00          | 0.00          | 59.99     |

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**DETACH HERE**

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<td>59.99</td>
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**Please**  
**Send Your Check to:**  
**OFFICE DEPOT**  
**PO BOX 633211**  
**Cincinnati OH 45263-3211**  

Please return this stub with your payment to ensure prompt credit to your account.  
Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087302  
Vendor Name: Office Depot  
Invoice Number: 658854799001  
Invoice Date: 05/24/13  
PO Number: P0325260  
Check Number: 124254  
Check Amount: $ 201.29  
Check Date: 07/25/2013  
Department ID: 00013  
Reviewer Name: None  
Voucher Number: V0218286  
Document Type: AP Invoice

Invoice Image Below
BILL TO:
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

SHIP TO:
COLLEGE OF DUPAGE TECHNIC
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

INVOICE NUMBER 658854799001
INVOICE DATE 24-MAY-13
AMOUNT DUE 201.29
PAGE NUMBER Page 1 of 1
TERMS Net 30
PAYMENT DUE 23-JUN-13

ACCOUNT NUMBER 52652628
PURCHASE ORDER 325260
SHIP TO ID 29
ORDER NUMBER 658854799001
ORDER DATE 22-MAY-13
SHIPPED DATE 24-MAY-13
DESKTOP CARLSON, BEV TEC
COST CENTER CARLSON, BEV TEC TDD

CATALOG ITEM #/ MANUFACTURER CODE 269144
DESCRIPTION/CUSTOMER ITEM # FILE,2-DWR,COMP,NAT
U/M ORDER 269144
QTY ORDERED 1
QTY SHIPPED 1
BILL TO ID 9080291

UNIT PRICE 201.29
EXTENDED PRICE 201.29

SUB-TOTAL 201.29
DELIVERY 0.00
SALES TAX 0.00
TOTAL 201.29

All amounts are based on USD currency.

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note any issues or damage that may affect our return policy. Please do not ship collect. Please do not return furniture or machines until you have been instructed by the warehouse. Shortage or damage must be reported within 5 days after delivery.

CUSTOMER NAME COLG OF DUPAGE
BILLING ID 9080291
INVOICE NUMBER 658854799001
INVOICE DATE 24-MAY-13
AMOUNT ENCLODED 201.29

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank you.

OFFICE DEPOT
PO Box 88040
Chicago IL 60680-1040
Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659207901001
Invoice Date: 05/28/13
PO Number: 325370
Check Number: 124254
Check Amount: $ 215.50
Check Date: 07/25/2013
Department ID: 00233
Reviewer Name: None
Voucher Number: V0218285
Document Type: AP Invoice

Invoice Image Below
**INVOICE**

**BILL TO:**
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

**SHIP TO:**
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

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**APPROVED 06/26/13**
**PAUL ZAKOWSKI**

CONTINUED ON NEXT PAGE...
### ORIGINAL INVOICE

**FEDERAL ID:** 59-2663954

**BILL TO:**
- ATTN: ACCTS PAYABLE
- COLG OF DUPAGE
- 425 FAWELL BLVD
- GLEN ELLYN IL 60137-6599

**SHIP TO:**
- COLG OF DUPAGE
- 425 FAWELL BLVD
- GLEN ELLYN IL 60137-6599

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**BILLING ID** | **ACCOUNT MANAGER** | **RELEASE** | **ORDERED BY** | **COST CENTER** |
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|                           |                             |     |     |     |     |     |      |    |
|                           |                             |     |     |     |     |     |      |    |

**SUB-TOTAL** 215.50

**DELIVERY** 0.00

**SALES TAX** 0.00

**TOTAL** 215.50

All amounts are based on USD currency.

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problems so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

**CUSTOMER NAME** | **BILLING ID** | **INVOICE NUMBER** | **INVOICE DATE** | **INVOICE AMOUNT** | **AMOUNT ENCLOSED** |
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**FL0 090802919 6592079010013 000000021550 1 4**

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659219387001
Invoice Date: 05/28/13
PO Number: 325315
Check Number: 124254
Check Amount: $ 238.69
Check Date: 07/25/2013
Department ID: 00209
Reviewer Name: None
Voucher Number: V0218284
Document Type: AP Invoice

Invoice Image Below
**OFFICE DEPOT**

**BILL TO:**
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELlyn IL 60137-6599

**SHIP TO:**
COLLEGE OF DUPAGE SHIPPERS
425 FAWELL BLVD
GLEN ELlyn IL 60137-6599

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**SUB-TOTAL** 238.69
**DELIVERY** 0.00
**SALES TAX** 0.00
**TOTAL** 238.69

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

**APPROVED 06/26/13**

**THOMAS SCHRADER**

**CUSTOMER NAME** COLG OF DUPAGE
**BILLING ID** 9080291
**INVOICE NUMBER** 659219387001
**INVOICE DATE** 28-MAY-13
**INVOICE AMOUNT** 238.69

**AMOUNT ENCLOSED**

**PLAIN TEXT**

```
Please return this stub with your payment to ensure prompt credit to your account.
Please DO NOT staple or fold. Thank You.
```
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659219394001
Invoice Date: 05/29/13
PO Number: 325320
Check Number: 124254
Check Amount: $ 99.95
Check Date: 07/25/2013
Department ID: 00305
Reviewer Name: None
Voucher Number: V0218282
Document Type: AP Invoice

Invoice Image Below
**BILL TO:**

ATTN: ACCTS PAYABLE  
COLG OF DUPAGE  
425 FAWELL BLVD  
GLEN ELYN IL 60137-6599

**SHIP TO:**

COLLEGE OF DUPAGE SHIPPI  
425 FAWELL BLVD  
GLEN ELYN IL 60137-6599

<table>
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**SUB-TOTAL** 99.95

**DELIVERY** 0.00

**SALES TAX** 0.00

**TOTAL** 99.95

All amounts are based on USD currency.

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 3 days after delivery.

**DETAIL HERE**

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FLO 090802919 6592193940012 000000000000 18

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659219396001
Invoice Date: 05/28/13
PO Number: 325321
Check Number: 124254
Check Amount: $ 231.04
Check Date: 07/25/2013
Department ID: 00093
Reviewer Name: None
Voucher Number: V0218281
Document Type: AP Invoice

Invoice Image Below
**Office Depot, Inc**

PO BOX 630813
CINCINNATI, OH 45260-0813

FEDERAL ID: 59-2665954

---

**BILL TO:**
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

**SHIP TO:**
COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

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**BILLING TO**
CABAY, SUSAN
CABAY, SUSAN

**COST CENTER**

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CONTINUED ON NEXT PAGE...
**Bill To:**
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

**Ship To:**
COLLEGE OF DUPAGE SHIPP
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

<table>
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<th>ACCOUNT NUMBER</th>
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**Billing ID** 9080291
**Manager** Cabay, Susan
**Release** Cabay, Susan

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**Sub-Total** 231.04
**Delivery** 0.00
**Sales Tax** 0.00
**Total** 231.04

All amounts are based on USD currency.

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 3 days after delivery.

**Customer Name** COLG OF DUPAGE
**Billing ID** 9080291
**Invoice Number** 659219396001
**Invoice Date** 28-MAY-13
**Invoice Amount** 231.04

**Flo** 09080291 659219396001 000000023104 1 6

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659219397001
Invoice Date: 06/27/13
PO Number: 325321
Check Number: 124254
Check Amount: $ 71.95
Check Date: 07/25/2013
Department ID: 00093
Reviewer Name: None
Voucher Number: V0218280
Document Type: AP Invoice

Invoice Image Below
**BILL TO:**  
ATTN: ACCTS PAYABLE  
COLG OF DUPAGE  
425 FAWELL BLVD  
GLEN ELYNN IL 60137-6599

**SHIP TO:**  
COLLEGE OF DUPAGE SHIPPI  
425 FAWELL BLVD  
GLEN ELYNN IL 60137-6599

<table>
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**SUB-TOTAL:**  
71.95

**DELIVERY:**  
0.00

**SALES TAX:**  
0.00

**TOTAL:**  
71.95

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---

**CUSTOMER NAME:**  
COLG OF DUPAGE

**BILLING ID:**  
9080291

**INVOICE NUMBER:**  
659219397001

**INVOICE DATE:**  
27-MAY-13

**INVOICE AMOUNT:**  
71.95

**AMOUNT ENCLOSED:**

FLO  
090802919 6592193970019 00000007195 1 8

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659219694001
Invoice Date: 05/28/13
PO Number: 325341
Check Number: 124254
Check Amount: $46.84
Check Date: 07/25/2013
Department ID: 00773
Reviewer Name: None
Voucher Number: V0218279
Document Type: AP Invoice

Invoice Image Below
BILL TO:
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

SHIP TO:
COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

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SUB-TOTAL:                     46.84
DELIVERY:                      0.00
SALES TAX:                     0.00
TOTAL:                         46.84

All amounts are based on USD currency.

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659219695001
Invoice Date: 05/28/13
PO Number: 325343
Check Number: 124254
Check Amount: $ 68.61
Check Date: 07/25/2013
Department ID: 00773
Reviewer Name: None
Voucher Number: V0218278
Document Type: AP Invoice

Invoice Image Below
**Bill To:**

ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELYNN IL 60137-6599

**Ship To:**

COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLEN ELYNN IL 60137-6599

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**Catalog Item #/Manuf Code**

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**Sub-Total**

68.61

**Delivery**

8.00

**Sales Tax**

0.00

**Total**

76.61

All amounts are based on USD currency.

To return supplies, please repack in original box and insert our packing list or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

**Detach Here**

**Customer Name**

COLG OF DUPAGE

**Billing ID**

9080291

**Invoice Number**

659219695001

**Invoice Date**

28-MAY-13

**Invoice Amount**

68.61

**Amount Enclosed**

68.61

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659219747001
Invoice Date: 05/28/13
PO Number: 325359
Check Number: 124254
Check Amount: $812.87
Check Date: 07/25/2013
Department ID: 00819
Reviewer Name: None
Voucher Number: V0218276
Document Type: AP Invoice

Invoice Image Below
**BILL TO:**
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWE LL BLVD
GLEN ELLYN IL 60137-6599

**SHIP TO:**
COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

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**ACCOUNT MANAGER**
Henderson, Kristina

**COST CENTER**
HENDERSON, KRISTINA

**CATALOG ITEM #/ MANUF CODE**

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**INVOICE NUMBER**
659219747001

**AMOUNT DUE**
812.87

**PAGE NUMBER**
Page 1 of 2

**INVOICE DATE**
28-MAY-13

**TERMS**
Net 30

**PAYMENT DUE**
30-JUN-13

---

**APPROVED 06/26/13**
**KRISTINA HENDERSON**
FEDERAL ID: 59-2663954

BILL TO:
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

SHIP TO:
COLLEGE OF DUPAGE SHIPPED
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

ACCOUNT NUMBER | PURCHASE ORDER | SHIP TO ID | ORDER NUMBER | ORDER DATE | SHIPPED DATE |
----------------|----------------|------------|--------------|-------------|--------------|
5326626205      | 523559         | 99         | 659219747001 | 24-MAY-13   | 28-MAY-13    |

BILLING ID | ACCOUNT MANAGER RELEASE ORDERED BY | DESKTOP COST CENTER |
------------|------------------------------------|----------------------|
9080291     | Henderson, Kristina                | Henderson, KRISTINA  |

CATALOG ITEM # | MANUF CODE | DESCRIPTION/ CUSTOMER ITEM # | U/M TAX | QTY | QTY | QTY | B/O | UNIT PRICE | EXTENDED PRICE |
---------------|------------|--------------------------------|---------|-----|-----|-----|-----|------------|----------------|

SUB-TOTAL     |            |                                 |         |     |     |     |     | 812.87     |                |
DELIVERY      |            |                                 |         |     |     |     |     | 0.00       |                |
SALES TAX     |            |                                 |         |     |     |     |     | 0.00       |                |
TOTAL         |            |                                 |         |     |     |     |     | 812.87     |                |

All amounts are based on USD currency

To return supplies, please repack in original box and insert our packing list, or copy of this Invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

APPROVED 06/26/13
KRISTINA HENDERSON

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<tr>
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</tr>
<tr>
<td>COLG OF DUPAGE</td>
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FLO 090802919 6592197470016 000000081287 14

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.

OFFICE DEPOT
P0 Box 88040
Chicago IL 60680-1040
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659219752001
Invoice Date: 05/29/13
PO Number: P0325360
Check Number: 124254
Check Amount: $ 20.49
Check Date: 07/25/2013
Department ID: 00737
Reviewer Name: None
Voucher Number: V0217808
Document Type: AP Invoice

Invoice Image Below
**Bill To:**
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

**Ship To:**
COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

---

**Thanks for your order**

**For customer service order:** (888) 263-3423
**For accounts:** (800) 721-6592

---

**Invoice Number**
659219752001
20.49
Page 1 of 1

**Invoice Date**
29-MAY-13

**Terms**
Net 30

**Payment Due**
30-JUN-13

---

**Account Number**
69286265
329350

**Billing ID**
9080291

**Manager**
Hiller, Mary Ann

**Order Number**
659219752001

**Order Date**
24-MAY-13

**Shipped Date**
29-MAY-13

**Catalog Item #**
933403

**Description/Manufacture Code**
Cush, Which, Foam, 18x16x4

**Unit Price**
20.49

---

**Approved 06/25/13**

**John Brice**

---

**Sub-Total**
20.49

**Delivery**
0.00

**Sales Tax**
0.00

**Total**
20.49

---

To return supplies, please repack in original box and insert our packing list or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

---

**Customer Name**
COLG OF DUPAGE

**Billing ID**
9080291

**Invoice Number**
659219752001

**Invoice Date**
29-MAY-13

**Invoice Amount**
20.49

---

**Floro**
090802919 6592197520018 000000002049 1 5

---

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659219774001
Invoice Date: 05/28/13
PO Number: 325365
Check Number: 124254
Check Amount: $ 10.96
Check Date: 07/25/2013
Department ID: 00819
Reviewer Name: None
Voucher Number: V0217806
Document Type: AP Invoice

Invoice Image Below
**INVOICE NUMBER** | **AMOUNT DUE** | **PAGE NUMBER**
--- | --- | ---
659219774001 | 10.96 | Page 1 of 1

**INVOICE DATE** | **TERMS** | **PAYMENT DUE**
--- | --- | ---
28-MAY-13 | Net 30 | 30-JUN-13

**BILL TO:**
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELYN IL 60137-6599

**SHIP TO:**
COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLEN ELYN IL 60137-6599

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**SUB-TOTAL**
10.96

**DELIVERY**
0.00

**SALES TAX**
0.00

**TOTAL**
10.96

---

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

---

**APPROVED 06/24/13: KRISTINA HENDERSON**

**Customer name**
COLG OF DUPAGE

**Billing ID**
9080291

**Invoice number**
659219774001

**Invoice date**
28-MAY-13

**Amount enclosed**
10.96

---

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659219775001
Invoice Date: 05/28/13
PO Number: 325365
Check Number: 124254
Check Amount: $ 5.69
Check Date: 07/25/2013
Department ID: 00819
Reviewer Name: None
Voucher Number: V0217553
Document Type: AP Invoice

Invoice Image Below
## Invoice Details

**Bill To:**
ATTN: ACCTS PAYABLE  
COLG OF DUPAGE  
425 FAWELL BLVD  
GLEN ELlyn IL 60137-6599

**Ship To:**
COLLEGE OF DUPAGE SHIPPI  
425 FAWELL BLVD  
GLEN ELlyn IL 60137-6599

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**Sub-Total:** 5.69

**Delivery:** 0.00

**Sales Tax:** 0.00

**Total:** 5.69

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To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we can issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

---

**NOTICE:** This invoice contains a service charge of 5.69%

---

**Customer Name:** COLG OF DUPAGE  
**Billing ID:** 9080291  
**Invoice Number:** 659219775001  
**Invoice Date:** 28-May-13  
**Invoice Amount:** 5.69  
**Amount Enclosed:** 5

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Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659219776001
Invoice Date: 05/29/13
PO Number: P0325365
Check Number: 124254
Check Amount: $ 34.99
Check Date: 07/25/2013
Department ID: 00819
Reviewer Name: None
Voucher Number: V0217552
Document Type: AP Invoice

Invoice Image Below
**OFFICE DEPOT**

**FEDERAL ID:** 59-2663954

**BILL TO:**
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

**SHIP TO:**
COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

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**BILLING ID**
9080291

**ACCOUNT MANAGER**
Henderson, Kristina
**RELEASE**
HENDERSON, KRISTINA
**ORDERED BY**
Desktop
**DESKTOP**
**COST CENTER**

---

**CATALOG ITEM #**
LJDS70-8GBASBNA003

**DESCRIPTION/ CUSTOMER ITEM #**
DRIVE, USB, S-70, 8GB, LEXAR, 3

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**AMOUNT DUE**
34.99

**SALES TAX**
0.00

**TOTAL**
34.99

---

**SUB-TOTAL**
34.99

**DELIVERY**
0.00

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All amounts are based on USD currency.

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

---

**DEETACH HERE**

**CUSTOMER NAME**
COLG OF DUPAGE

**BILLING ID**
9080291

**INVOICE NUMBER**
659219776001

**INVOICE DATE**
29-MAY-13

**INVOICE AMOUNT**
34.99

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**AMOUNT ENCLOSED**

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Please return this stub with your payment to ensure prompt credit to your account.

Please do NOT staple or fold. Thank you.
Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659219843001
Invoice Date: 05/28/13
PO Number: 325375
Check Number: 124254
Check Amount: $ 15.92
Check Date: 07/25/2013
Department ID: 00233
Reviewer Name: None
Voucher Number: V0217551
Document Type: AP Invoice

Invoice Image Below
**BILL TO:**
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLIN IL 60137-6599

**SHIP TO:**
COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLEN ELLIN IL 60137-6599

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**TOTAL**

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<tr>
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<td>0.00</td>
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</table>

All amounts are based on USD currency.

To return supplies, please repack in original box and insert your packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

**APPROVED 06/24/13**
EARL DOWLING

**DETACH HERE**

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<th>INVOICE NUMBER</th>
<th>INVOICE DATE</th>
<th>INVOICE AMOUNT</th>
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<td>28-MAY-13</td>
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</table>

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659229854001
Invoice Date: 05/28/13
PO Number: 325383
Check Number: 124254
Check Amount: $ 87.32
Check Date: 07/25/2013
Department ID: 00429
Reviewer Name: None
Voucher Number: V0217550
Document Type: AP Invoice

Invoice Image Below
### Original Invoice

**Office Depot, Inc.**
PO Box 630813
Cincinnati, OH 45202-0813

**FEDERAL ID:** 59-2663954

**BILL TO:**
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

**SHIP TO:**
COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

<table>
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<tr>
<th>ACCOUNT NUMBER</th>
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<th>ORDER NUMBER</th>
<th>ORDER DATE</th>
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<td>99</td>
<td>659229854001</td>
<td>24-MAY-13</td>
<td>28-MAY-13</td>
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**BILLING ID** 9080291
**ACCOUNT MANAGER**
**RELEASE**
**ORDERED BY**
**DESKTOP**
**COST CENTER**

<table>
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<tr>
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<th>MANUF CODE</th>
<th>DESCRIPTION/ CUSTOMER ITEM #</th>
<th>U/M</th>
<th>QTY ORDER</th>
<th>QTY SHIP</th>
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</table>

**SUB-TOTAL**

87.32

**APPROVED 06/20/13**
**THOMAS CAMERON**
SALES TAX

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machinery until you call us first for instructions. Shortage or damage must be reported within 24 hours of receipt.

**DETACH HERE**

**CUSTOMER NAME**
COLG OF DUPAGE

**BILLING ID** 9080291
**INVOICE NUMBER** 659229854001
**INVOICE DATE** 28-MAY-13
**INVOICE AMOUNT** 87.32

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.

**Send Your Check to:**
OFFICE DEPOT
PO Box 88040
Chicago, IL 60680-1030
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659682544001
Invoice Date: 05/30/13
PO Number: 325393
Check Number: 124254
Check Amount: $ 41.09
Check Date: 07/25/2013
Department ID: 00017
Reviewer Name: None
Voucher Number: V0217548
Document Type: AP Invoice

Invoice Image Below
BILL TO:
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

SHIP TO:
COLLEGE OF DUPAGE TECHNIC
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

ACCOUNT NUMBER | PURCHASE ORDER | SHIP TO ID | ORDER NUMBER | ORDER DATE | SHIPPED DATE |
----------------|----------------|------------|--------------|-------------|--------------|
53286265        | 325395         | 29         | 659682544001 | 29-MAY-13   | 30-MAY-13    |

BILLING ID | ACCOUNT MANAGER | RELEASE | ORDERED BY | COST CENTER |
-----------|-----------------|---------|------------|-------------|
9080291    | Tom Robertson   |         | Desktop    |              |

CART RIBBON FOR PIX3000 | EA | 1 | 1 | 0 | 12.600 |
848891

PEN, 4 COLOR, 3PACK, BIC | PK | 5 | 5 | 0 | 5.620 |
951841

MMP31-AST  | 951841   |

SUB-TOTAL  | 41.09 |
DELIVERY   | 0.00  |
SALES TAX  | 0.00  |
TOTAL      | 41.09 |

All amounts are based on USD currency.

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whenever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 3 days after delivery.

△ DETACH HERE △

CUSTOMER NAME | BILLING ID | INVOICE NUMBER | INVOICE DATE | INVOICE AMOUNT | AMOUNT ENCLOSED |
----------------|------------|----------------|--------------|----------------|-----------------|
COLG OF DUPAGE | 9080291    | 659682544001   | 30-MAY-13    | 41.09          |                 |

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659682546001
Invoice Date: 05/30/13
PO Number: 325392
Check Number: 124254
Check Amount: $ 156.08
Check Date: 07/25/2013
Department ID: 00305
Reviewer Name: None
Voucher Number: V0217547
Document Type: AP Invoice

Invoice Image Below
## Invoice Details

**Office Depot, Inc**
PO BOX 630813
CINCINNATI OH 45263-0813

**Bill To:**
ATTN: ACCT'S PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

**Ship To:**
COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

**Invoice Number:** 659682546001
**Amount Due:** $156.08

**Invoice Date:** 30-MAY-13
**Terms:** Net 30
**Payment Due:** 30-JUN-13

### Item Details

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<th>Catalog Item #</th>
<th>Description/Item #</th>
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<th>QTY</th>
<th>QTY</th>
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**Subtotal:** $156.08

**Sales Tax:** $0.00

**Total:** $156.08

---

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

---

**Detach Here**

**Customer Name:** COLG OF DUPAGE
**Billing ID:** 9080291
**Invoice Number:** 659682546001
**Invoice Date:** 30-MAY-13
**Invoice Amount:** $156.08

---

**FLD 090802919 6596825460018 00000015608 1 4**

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659219747002
Invoice Date: 05/29/13
PO Number: P0325359
Check Number: 124254
Check Amount: $138.33
Check Date: 07/25/2013
Department ID: 00819
Reviewer Name: None
Voucher Number: V0217546
Document Type: AP Invoice

Invoice Image Below
BILL TO:
ATTN: ACCT PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

SHIP TO:
COLLEGE OF DUPAGE SHIPPIN
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

ACCOUNT NUMBER 53286205
PURCHASE ORDER 325359
SHIPPED DATE 29-MAY-13

INVOICE NUMBER 659219747002
AMOUNT DUE 138.33
 PAGE NUMBER
 INVOICE DATE 29-MAY-13
 TERMS Net 30
 PAYMENT DUE 30-JUN-13

ACCOUNT MANAGER HENDERSON, KRISTINA
RELEASE HENDERSON, KRISTINA

CATALOG ITEM #/ MANUFACTURER CODE
POST-IT-PAD,12/PK,1.5X2,AS
809939
653A
809939

DESCRIPTION/ CUSTOMER ITEM # POST-IT-PAD,12/PK,1.5X2,AS
809939
653A
809939

U/M PK PK
QTY 29 29 0
SHIP B/O 4.770 138.33
UNIT PRICE
EXTENDED PRICE

SUB-TOTAL 138.33
DELIVERY 8.00
SALES TAX 0.00
TOTAL 138.33

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not return stock. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

APPROVED 06/20/13
KRISTINA HENDERSON

CUSTOMER NAME COLG OF DUPAGE
BILLING ID 9080291
INVOICE NUMBER 659219747002
INVOICE DATE 29-MAY-13
INVOICE AMOUNT 138.33
AMOUNT ENCLOSED

FLO 09080291 6592197470024 00000013833 1 0

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659682548001
Invoice Date: 05/30/13
PO Number: P0325397
Check Number: 124254
Check Amount: $4.80
Check Date: 07/25/2013
Department ID: 00469
Reviewer Name: None
Voucher Number: V0217543
Document Type: AP Invoice

Invoice Image Below
**ORIGINAL INVOICE**

**THANKS FOR YOUR ORDER**

IF YOU HAVE ANY QUESTIONS OR PROBLEMS, JUST CALL US
FOR CUSTOMER SERVICE ORDER: (888) 263-3423
FOR ACCOUNT: (800) 721-6592

<table>
<thead>
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<th>AMOUNT DUE</th>
<th>PAGE NUMBER</th>
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<td>30-MAY-13</td>
<td>Net 30</td>
<td>30-JUN-13</td>
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**BILL TO:**
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

**SHIP TO:**
COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

**ACCOUNT NUMBER**
9080291

**PURCHASE ORDER**
55286265

**SHIP TO ID**
99

**ORDER NUMBER**
659682548001

**ORDER DATE**
29-MAY-13

**SHIPPED DATE**
30-MAY-13

**ACCOUNT MANAGER**
SSC 3249 Jackie

**MANAGER RELEASE**
SSC 3249 JACKIE REUL

**CATALOG ITEM #/ MANUFACTURE CODE**
358160

**DESCRIPTION/ CUSTOMER ITEM #**
CLIPS,PPR,GNT,OD,RCYCLD,1

**U/M**
BX

**QTY ORD**
4

**QTY SHIP**
4

**QTY B/O**
0

**UNIT PRICE**
1.200

**EXTENDED PRICE**
4.80

---

**APPROVED 07/22/13**
SUSAN MARTIN

**SUB-TOTAL**
4.80

**DELIVERY**
0.00

**SALES TAX**
0.00

**TOTAL**
4.80

All amounts are based on USD currency.

---

To return supplies, please repackage in original box and insert our packing list or copy of this invoice. Please note problems so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

---

**DETERM HERE**

**CUSTOMER NAME**
COLG OF DUPAGE

**BILLING ID**
9080291

**INVOICE NUMBER**
659682548001

**INVOICE DATE**
30-MAY-13

**INVOICE AMOUNT**
4.80

**AMOUNT ENCLOSED**

---

FLO 090802919 6596825480016 000000000480 1 9

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087302 
Vendor Name: Office Depot  
Invoice Number: 659682550001  
Invoice Date: 05/30/13  
PO Number: 325395  
Check Number: 124254  
Check Amount: $ 203.28  
Check Date: 07/25/2013  
Department ID: 00449  
Reviewer Name: None  
Voucher Number: V0217542  
Document Type: AP Invoice

Invoice Image Below
BENET FOUNDATION

BILL TO:
ATTN: ACCTS PAYABLE
COLG OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

SHIP TO:
COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

ACCOUNT NUMBER 53286285 PURCHASE ORDER 323959
BILLING ID 69080291 ACCOUNT MANAGER Pagan-Klehr, Janet
REPRISE ORDERED BY Pagan-Klehr, Janet
SHIPPED DATE 30-MAY-13

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SUB-TOTAL 203.28
DELIVERY 0.00
SALES TAX 0.00
TOTAL 203.28

All amounts are based on USD currency.

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

DETACH HERE

CUSTOMER NAME COLG OF DUPAGE
BILLING ID 9080291
INVOICE NUMBER 659682550001
INVOICE DATE 30-MAY-13
INVOICE AMOUNT 203.28

FLO 090802919 659682550001 000000020328 1 0

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.

OFFICE DEPOT
PO Box 88040
Chicago IL 60680-1040
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659682559001
Invoice Date: 05/31/13
PO Number: 325396
Check Number: 124254
Check Amount: $38.97
Check Date: 07/25/2013
Department ID: 00462
Reviewer Name: None
Voucher Number: V0217541
Document Type: AP Invoice

Invoice Image Below
**ORIGINAL INVOICE**

**THANKS FOR YOUR ORDER**

**FOR CUSTOMER SERVICE ORDER: (888) 263-3623**

<table>
<thead>
<tr>
<th>INVOICE NUMBER</th>
<th>AMOUNT DUE</th>
<th>PAGE NUMBER</th>
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<tr>
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<td>Page 1 of 1</td>
</tr>
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</table>

**INVOICE DATE**: 31-MAY-13  **TERMS**: Net 30  **PAYMENT DUE**: 30-JUN-13

**SHIP TO:**

COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLEN ELlyn IL 60137-6599

---

**ACCOUNT NUMBER**: 52280265  **PURCHASE ORDER**: 325396  **SHIP TO**: 99

**BILLING ID**: 9080291  **ACCOUNT MANAGER**: JONES-WARD, Patricia

**RECEIPT**: JONES-WARD, PATRICIA

**DESKTOP**: JONES-WARD, PATRICIA

**COST CENTER**: JONES-WARD, PATRICIA

**CATALOG ITEM #**: 592027  **MANUFACTURER CODE**: LDVT14GBASBNA2

**DESCRIPTION**: DRIVE,USB,4GB,2/PK,ASTD CO

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<tr>
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<td>QTY SHIP</td>
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<td>QTY B/O</td>
</tr>
<tr>
<td>UNIT PRICE</td>
</tr>
<tr>
<td>EXTENDED PRICE</td>
</tr>
</tbody>
</table>

| PK | 3 | 3 | 0 | 12.990 | 38.97 |

---

**SUB-TOTAL**: 38.97

**DELIVERY**: 0.00

**SALES TAX**: 0.00

**TOTAL**: 38.97

---

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 3 days after delivery.

---

**CUSTOMER NAME**: COLG OF DUPAGE

**BILLING ID**: 9080291

**INVOICE NUMBER**: 659682559001  **INVOICE DATE**: 31-MAY-13  **AMOUNT ENCLODED**: 38.97

---

*Please*  
*Send*  
*Check to:*  
OFFICE DEPOT  
PO Box 88040  
Chicago IL 60680-1040

*Please return this stub with your payment to ensure prompt credit to your account.*

*Please DO NOT staple or fold. Thank You.*
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659683559001
Invoice Date: 05/30/13
PO Number: P0325398
Check Number: 124254
Check Amount: $ 160.30
Check Date: 07/25/2013
Department ID: 00381
Reviewer Name: None
Voucher Number: V0217540
Document Type: AP Invoice

Invoice Image Below
**Invoice Details**

**Bill To:**
ATTN: ACCTS PAYABLE  
COLG OF DUPAGE  
425 FAWELL BLVD  
GLEN ELlyn IL 60137-6599

**Ship To:**
COLLEGE OF DUPAGE SHIPPI  
425 FAWELL BLVD  
GLEN ELlyn IL 60137-6599

<table>
<thead>
<tr>
<th>ACCOUNT NUMBER</th>
<th>PURCHASE ORDER</th>
<th>SHIP TO ID</th>
<th>ORDER NUMBER</th>
<th>ORDER DATE</th>
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**Catalog Item#/MANUFACTURE CODE**

<table>
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<tr>
<th>CATALOG ITEM#/MANUFACTURE CODE</th>
<th>DESCRIPTION/CUSTOMER ITEM #</th>
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<th>QTY ORD</th>
<th>QTY SHIP</th>
<th>QTY B/O</th>
<th>UNIT PRICE</th>
<th>EXTENDED PRICE</th>
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<td>9.99</td>
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<tr>
<td>PLATE,WISESIZE,PATWAYS, 472198</td>
<td></td>
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<td>2</td>
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<tr>
<td>CUPS WAX 5 OZ PATWAYS DXE56WSPK</td>
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<td>10.50</td>
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<tr>
<td>PAD,OD GRN,LTTR,6PK,8,5X11 480675</td>
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<td>PK</td>
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<td>3</td>
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<td>4.400</td>
<td>13.20</td>
</tr>
</tbody>
</table>

**Grand Total:** 160.30

**Approved by:** MAREN MC KELLIN  
06/20/13

---

**To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.**

---

**Invoice Information**

**Customer Name:** COLG OF DUPAGE  
**Billing ID:** 9080291  
**Invoice Number:** 659683559001  
**Invoice Date:** 30-MAY-13  
**Invoice Amount:** 160.30

---

**Flo**  
090802916 3596835590010 00000016030 1 9

---

Please return this stub with your payment to ensure prompt credit to your account.  
Please DO NOT staple or fold. Thank You.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087302
Vendor Name: Office Depot
Invoice Number: 659683560001
Invoice Date: 05/30/13
PO Number: P0325398
Check Number: 0124254
Check Amount: $ 9,066.19
Check Date: 07/25/2013
Department ID: 00381
Reviewer Name: None
Voucher Number: V0220419
Document Type: AP Invoice

Invoice Image Below
### ORIGINAL INVOICE

**THANKS FOR YOUR ORDER**

**IF YOU HAVE ANY QUESTIONS OR PROBLEMS, JUST CALL US**

**FOR CUSTOMER SERVICE ORDER:** (888) 263-3423
**FOR ACCOUNT:** (800) 721-6592

<table>
<thead>
<tr>
<th>INVOICE NUMBER</th>
<th>AMOUNT DUE</th>
<th>PAGE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>659683560001</td>
<td>8.20</td>
<td>Page 1 of 1</td>
</tr>
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**INVOICE DATE**

<table>
<thead>
<tr>
<th>TERMS</th>
<th>PAYMENT DUE</th>
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<tbody>
<tr>
<td>Net 30</td>
<td>30-JUN-13</td>
</tr>
</tbody>
</table>

**SHIP TO:**

COLLEGE OF DUPAGE SHIPPI
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

---

<table>
<thead>
<tr>
<th>ACCOUNT NUMBER</th>
<th>PURCHASE ORDER</th>
<th>SHIP TO ID</th>
<th>ORDER NUMBER</th>
<th>ORDER DATE</th>
<th>SHIPPED DATE</th>
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<tr>
<td>53286265</td>
<td>525398</td>
<td>99</td>
<td>659683560001</td>
<td>29-MAY-13</td>
<td>30-MAY-13</td>
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**BILLING ID**

<table>
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<tr>
<th>ACCOUNT MANAGER</th>
<th>RELEASE</th>
<th>ORDERED BY</th>
<th>DESKTOP</th>
<th>COST CENTER</th>
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</thead>
<tbody>
<tr>
<td>Lynn Dudzik, BIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COST CENTER**

| 450 |

**COST CENTER**

<table>
<thead>
<tr>
<th>COST CENTER</th>
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</thead>
<tbody>
<tr>
<td>350</td>
</tr>
</tbody>
</table>

**DESCRIPTION/ CUSTOMER ITEM #**

<table>
<thead>
<tr>
<th>CATALOG ITEM #/ MANUFACTURER CODE</th>
<th>DESCRIPTION/ CUSTOMER ITEM #</th>
<th>U/M</th>
<th>QTY</th>
<th>QTY</th>
<th>QTY</th>
<th>UNIT PRICE</th>
<th>EXTENDED PRICE</th>
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<tbody>
<tr>
<td>249198</td>
<td>CUP, HOT, WISE, SIZE, PATHWAY</td>
<td>EA</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>1.640</td>
<td>8.20</td>
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<tr>
<td>2338WS</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COST CENTER**

| 249198 |

**COST CENTER**

| 249198 |

---

**APPROVED 06/20/13**

**MAREN MC KELLIN**

---

**SUB-TOTAL**

8.20

**DELIVERY**

0.00

**SALES TAX**

0.00

**TOTAL**

8.20

---

All amounts are based on USD currency.

---

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

---

**CUSTOMER NAME**

COLG OF DUPAGE

**BILLING ID**

9080291

**INVOICE NUMBER**

659683560001

**INVOICE DATE**

30-MAY-13

**INVOICE AMOUNT**

8.20

---

**AMOUNT ENCLOSED**

---

**FLOW**

09080291 659683560001 000000000820 1 0

---

Please return this stub with your payment to ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.
Hi Patti,

I forwarded a copy of this to Invoicing just a few minutes ago, but realized it didn't have a PO# on it. This one does, so can the previous one be deleted from the system?

Danielle Conlee  
Testing Office Supervisor  
Specialized Testing Services  

College of DuPage  
425 Fawell Blvd., Glen Ellyn, IL 60137-6599  
4 phone (630) 942-3765 1 fax (630) 942-3724 1  conleed@cod.edu  
1 http://www.cod.edu  
Office Location: Berg Instructional Center (BIC) 2407

-----Original Message-----  
From: Conlee, Danielle  
Sent: Monday, June 24, 2013 3:34 PM  
To: Conlee, Danielle  
Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Sent by: cdnet-ad\conleed [conleed@cod.edu] Number of Images: 2  
Attachment File Type: PDF

Device Name: testing-ps3  
Device Location: BIC 2405

For more information on Xerox products and solutions, please visit http://www.xerox.com/

[attachment: img-624143414-0001.pdf]
# Invoice

Oklahoma Scoring Services, Inc.
2212 Westpark Drive
Norman, OK 73069

<table>
<thead>
<tr>
<th>Date</th>
<th>Invoice #</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/30/2012</td>
<td>903036</td>
</tr>
</tbody>
</table>

## Bill To
GED Chief Examiner  
College of DuPage  
GED Testing Office 1C, 100A  
425 22nd St  
Glen Ellyn, IL 60137

## Ship To

<table>
<thead>
<tr>
<th>P.O. Number</th>
<th>Terms</th>
<th>Rep</th>
<th>Ship</th>
<th>Via</th>
<th>F.O.B.</th>
<th>Project</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Net 30</td>
<td></td>
<td>9/30/2012</td>
<td></td>
<td></td>
<td>3000160252 College of DuPage</td>
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<table>
<thead>
<tr>
<th>Quantity</th>
<th>Item Code</th>
<th>Description</th>
<th>Price Each</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>48</td>
<td>IL ESSAY</td>
<td>GED ESSAY SCORING</td>
<td>$1.85</td>
<td>$88.80</td>
</tr>
</tbody>
</table>

---

Total: $88.80
<p>| | | | |</p>
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</thead>
<tbody>
<tr>
<td>IL</td>
<td>3000160252</td>
<td>414755</td>
<td>6</td>
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<tr>
<td>IL</td>
<td>3000160252</td>
<td>414791</td>
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<tr>
<td>IL</td>
<td>3000160252</td>
<td>414812</td>
<td>18</td>
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48
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087310
Vendor Name: Omnigraphics Inc.
Invoice Number: 10261535-3262
Invoice Date: 07/05/13
PO Number: B0326426
Check Number: 0124277
Check Amount: $81.85
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220736
Document Type: AP Invoice

Invoice Image Below
Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 1
Attachment File Type: PDF

Device Name: lrc-ps3
Device Location: OCC 135

For more information on Xerox products and solutions, please visit http://www.xerox.com/

[attachment: img-718104751-0001.pdf]
## INVOICE

Customer Number CODU1  
Invoice Number 10261535-3262  
Purchase Order Number B0318029  

07/05/13

Karen Yamasaki  
Coll Of Dupage Lib  
425 Fawell Blvd  
Glen Ellyn IL 60137

<table>
<thead>
<tr>
<th>Date</th>
<th>ISBN Number</th>
<th>Item Number</th>
<th>Description</th>
<th>Discount</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount Due</th>
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<tbody>
<tr>
<td>08/26/13</td>
<td>9780780812956</td>
<td>0812956</td>
<td>HRS CONGENITAL DISORDERS 3RD E HEALTH REFERENCE SERIES</td>
<td>.00</td>
<td>1</td>
<td>$76.50</td>
<td>$76.50</td>
</tr>
</tbody>
</table>

Please include the invoice number on all checks. Payment within 30 days will be appreciated.

**APPROVED 07/22/13**  
**LISA STOCK**

Federal ID Number 38-3638444

Karen Yamasaki  
Coll Of Dupage Lib  
425 Fawell Blvd  
Glen Ellyn IL 60137-6708

Retain this copy for your records.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1267354
Vendor Name: Percussion Source
Invoice Number: SI821864
Invoice Date: 05/31/13
PO Number: 323610
Check Number: 124287
Check Amount: $ 517.19
Check Date: 07/25/2013
Department ID: 00345
Reviewer Name: None
Voucher Number: V0217503
Document Type: AP Invoice

Invoice Image Below
Percussion Source

P.O. Box 5521 * 1212 5th Street * Coralville, IA 52241
Customer Service: (866) 849-4387
For Billing Inquiries: (319) 351-2000  (800) 373-2000
www.percussionsource.com * service@percussionsource.com

INVOICE

Invoice Number: SI821864
Invoice Date: 05/31/13
Page: 1

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

To: College of Dupage
Attn: Michael Folker
425 Fawell Blvd
Glen Ellyn, IL 60137
USA

Ordered By: College of Dupage
Order Date: 05/30/13
Due Date: 06/30/13
Terms: NET 30 DAYS
SalesPerson: ADAM BALLING

Item No. Description Kit Item No. Unit Qty Invoiced MSRP Disc % Your Price Ext. Price

200448 TREEWORKS TRE35 BAR CHIME;35 NOTE;SINGLE ROW Each 1 200.00 40.01% 119.99 119.99

D00458 PEAR PBW-300DX532 DEMO BONGOS;7/9IN THAI OAK CHERRY Each 1 549.00 45.00% 301.95 301.95

A00404 AMERICAN CHIME 302 SILVER WHISTLE;METAL Each 1 26.95 43.41% 15.25 15.25

Total Shipping 80.00

80.00

APPROVED 06/24/13
DANIEL LLOYD

All accounts DUE IN 30 DAYS, unless otherwise specified. A charge of 1.8% will apply to late payments.

Return Policy:
All returns must be accompanied by a valid receipt. Items sold as "used", opened software and recorded media are non-returnable. All other returns must take place within 30 days of receipt and must be in the original condition as purchased. All special orders are subject to a 20% restocking fee.

Please take a moment to complete a short customer satisfaction survey. Visit www.percussionsource.com/survey complete the survey and receive $5.00 off your next purchase. Would you like to be notified by email? Send C364579 to ar@percussionsource.com.

Subtotal: 517.19

Taxable Subtotal: 0.00

Tax: 0.00

Invoice Total: $517.19
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1267354
Vendor Name: Percussion Source
Invoice Number: SI823230
Invoice Date: 06/05/13
PO Number: P0323610
Check Number: 124287
Check Amount: $144.00
Check Date: 07/25/2013
Department ID: 00345
Reviewer Name: None
Voucher Number: V0217502
Document Type: AP Invoice

Invoice Image Below
## INVOICE

Invoice Number: SI823230  
Invoice Date: 06/05/13  
Page: 1

### Ship

To: College of Dupage  
425 Fawell Blvd  
Glen Ellyn, IL 60137  
USA

Ordered By: College of Dupage  

Order Date: 05/30/13  

Due Date: 07/05/13  

Terms: NET 30 DAYS  

Sales Person: ADAM BALLING

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Kit Item No.</th>
<th>Unit</th>
<th>Qty</th>
<th>Invoiced</th>
<th>MSRP</th>
<th>Disc %</th>
<th>Your Price</th>
<th>Ext Price</th>
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<tbody>
<tr>
<td>252176</td>
<td>PEARL PB-900W STAND; BONGO; FIT ALL; DBL BRACE Standard Shipping</td>
<td>Each</td>
<td>1</td>
<td>240.00</td>
<td>40.00%</td>
<td>144.00</td>
<td></td>
<td>144.00</td>
<td></td>
</tr>
</tbody>
</table>

**APPROVED 06/24/13**  
**DANIEL LLOYD**

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Please take a moment to complete a short customer satisfaction survey. Visit www.percussionsource.com/survey complete the survey and receive $5.00 off your next purchase. Would you like to be notified by email?  
Send C364579 to ar@percussionsource.com.

Subtotal: 144.00
Taxable Subtotal: 0.00
Tax: 0.00
Invoice Total: $144.00
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087678
Vendor Name: PGM Pro
Invoice Number: 20250
Invoice Date: 05/29/13
PO Number: P0325323
Check Number: 124288
Check Amount: $ 379.82
Check Date: 07/25/2013
Department ID: 00065
Reviewer Name: None
Voucher Number: V0217507
Document Type: AP Invoice

Invoice Image Below
<table>
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<tr>
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<th>P.O. No.</th>
<th>Terms</th>
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<th>Ship Date</th>
<th>Ship Via</th>
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<td>AQ</td>
<td>6/3/2013</td>
<td>FEDEX GRO...</td>
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<th>Amount</th>
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<td>901BB-B Silver c...</td>
<td>Garment Displaye(Victorian Style Base, Black -colored)</td>
<td>79.00</td>
<td>395.00</td>
</tr>
<tr>
<td></td>
<td>DISCOUNT</td>
<td>Subtotal</td>
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<td></td>
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<td>DISCOUNT</td>
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<td></td>
</tr>
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<td>shipping-FEDEX</td>
<td>shippin...</td>
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<td></td>
<td>shipping-FEDEX</td>
<td>FedEx commercial ground #70810500807925</td>
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<td>352.00</td>
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<td>FedEx commercial ground #708165060307980</td>
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<td>20.10</td>
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</table>

Shipped out on 6/3/2013.

---

Dear Customer,

Please make your check payable to PGM-PRO, INC. and mail to 5041 Heintz St., Baldwin Park CA 91706

Thank You

Sales Tax (9.0%) $0.00

Total $379.82

Balance Due $379.82
**Bill To:**
College of DuPage
College of DuPage Accounts Payable
425 Fawell Blvd.
Glen Ellyn, IL 60137

Accounts Payable, SRC2049
Phone: 630-942-2228
Fax: 630-858-9078

**Vendor:**
1087678
PGM Pro
5041 Heintz St.
Baldwin Park, CA 91706

Attn: Customer Service
Phone: 626-338-1990
Fax:

**PO Created By:** Elizondo, Susan C.

**Purchase Order Comments:**

**Ship To:**
College of DuPage Shipping & Receiving
425 Fawell Blvd.
Glen Ellyn, IL 60137

Warehouse, Manager
Phone: 630-942-2238
Fax: 630-942-2417

**Deliver To:** Scalise, Sharon SRC 1007

<table>
<thead>
<tr>
<th>#</th>
<th>Vendor Item</th>
<th>QTY</th>
<th>UOM</th>
<th>Description</th>
<th>Unit Price</th>
<th>Total Price</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>901BB-B</td>
<td>5</td>
<td>Each</td>
<td>Silver Clothing Display Racks</td>
<td>$73.00</td>
<td>$365.00</td>
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</table>

Deliver To: Scalise, Sharon SRC 1007

**Account Code Summary**

<table>
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<th>Account Code</th>
<th>Account Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>01-10-00065-5401002</td>
<td></td>
<td>$365.00</td>
</tr>
</tbody>
</table>

**Terms and Conditions:**
1. F.O.B. DESTINATION unless otherwise indicated under Purchase Order Comments.
2. All payments are processed via ACH transfer once per month, typically the third week of the month. Invoices must be received at least three weeks prior to each ACH payment release. You are strongly encouraged to set up your ACH account upon receipt of this PO to avoid unnecessary payment delays. Call 630-942-2228 for more information.
3. All solicitations must be directed to the Purchasing Department. Any vendor selling directly to any faculty or staff member, without prior authorization from the Purchasing Department will be removed from our vendor list.
4. All documentation, invoices, and invoices should be rendered in triplicate and sent to Accounts Payable.
5. College of DuPage is exempt from payment of the Retailers' Occupation Tax, the Service Occupation Tax (both state and local), the Use Tax, and the Service Use Tax. The College's Tax Exemption Identification Number is E9997-3391-06.
6. If unable to ship and/or deliver as required, advise the Purchasing Department immediately with full details.
7. All packages shall clearly indicate the purchase order number and contain a packing list of all contents with itemized descriptions.
8. All shipments are accepted subject to inspection and approval by College of DuPage.
9. Any company/organization to be awarded a contract for goods and/or services must be in compliance with the fair employment practice act and rules and regulations thereunder.
11. All contracts for construction work are subject to the provisions of 820 ILCS 130, ch. 4B, Par. 39s-1 through 39s-12, providing for payment of the prevailing rate of wages to laborers, workmen & mechanics. Contractor shall submit to the College, monthly certified payroll records for all workers and sub-contractors utilized for the project.
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1088709
Vendor Name: Physician Sales & Service
Invoice Number: 86559698
Invoice Date: 05/24/13
PO Number: 
Check Number: 124289
Check Amount: $ 5.87
Check Date: 07/25/2013
Department ID: 00125
Reviewer Name: None
Voucher Number: V0217518
Document Type: AP Invoice

Invoice Image Below
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6708

Invoice
Page 1 of 1

| Invoice Date | 05/24/13 |
| Billing Account Number | 32416356 |
| Ship to Account # | 32416356 |
| Sales Rep Name | OLTROGGE, KRISTY |
| Sales Order Number | 45169328 |
| Customer PO Number | 324913 |
| Order Date | 05/10/13 |
| Ship Method | Truck 15 |
| Ship Date | 05/23/13 |

| Invoice Amount | $5.87 |
| Payment Due By | 06/15/13 |

Purchase Detail

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Manufacturer Part Number</th>
<th>Description</th>
<th>Qty</th>
<th>Unit</th>
<th>Unit Price</th>
<th>Extended Price</th>
<th>Sales Tax</th>
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</thead>
<tbody>
<tr>
<td>248779</td>
<td>PS/80-41020</td>
<td>HAMMER TAYLOR PERCUS 8&quot;</td>
<td>1</td>
<td>EA</td>
<td>5.87</td>
<td>5.87</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Sub total & Sales Tax

Total Invoice Amount Due By 06/15/13: $5.87

Terms: Due Net 15 Days EOM.
A finance charge of 1.5% will be applied to past due balances.

APPROVED 06/19/13
VICKIE GUKENBERGER

OUR PURPOSE: Strengthen the clinical success and financial health of caregivers by solving their biggest problems.

OUR MISSION: Improve caregivers' financial performance by 20%.

COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6708

PSS WORLD MEDICAL, INC.  
62046 COLLECTION CENTER DRIVE  
CHICAGO IL 60693-0620

Invoice
Payment

| Invoice Date | 05/24/13 |
| Billing Account Number | 32416356 |
| Invoice Amount | $5.87 |
| Payment Due By | 06/15/13 |

Check #

Amount Enclosed

$
This form provides you with details of your account transactions. The form is composed of two parts. The lower portion of the first page consists of the remit coupon, which should be included with payment submissions. The upper portion may be kept for your records.

**Payments**

Payment for the *Total Amount Due* should be submitted in time to be credited to your account by the indicated *Payment Due Date*.

When remitting payment by mail, please include the remit coupon from the bottom portion of the first page. Be sure to indicate the check number and the amount enclosed. Please record your *Billing Account Number* on your check.

We strive to provide the best possible customer service to you, our valued customer. If you have any questions regarding your account information, please contact our Accounts Receivable Department via phone, fax, or email.

*For Material Safety Data Sheets, go to [www.mypss.com](http://www.mypss.com).*
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087677
Vendor Name: Proforma Premiums
Invoice Number: 0E35001548
Invoice Date: 05/29/13
PO Number: 325111
Check Number: E0021388
Check Amount: $ 2,385.96
Check Date: 07/24/2013
Department ID: 14925
Reviewer Name: None
Voucher Number: V0217494
Document Type: AP Invoice

Invoice Image Below
From: "Conlee, Danielle" <conleed@cod.edu>
Sent: Thu Jun 13 11:19:20 CDT 2013
To: Invoicing <invoicing@cod.edu>
CC:
Subject: invoice

Danielle Conlee
Testing Office Supervisor
Specialized Testing Services

College of DuPage
425 Fawell Blvd., Glen Ellyn, IL 60137-6599
1 phone (630) 942-3765 1 fax (630) 942-3724 1 conleed@cod.edu
1 http://www.cod.edu
Office Location: Berg Instructional Center (BIC) 2407

-----Original Message-----
From: Conlee, Danielle
Sent: Thursday, June 13, 2013 10:56 AM
To: Conlee, Danielle
Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Sent by: cdnet-ad\conleed [conleed@cod.edu] Number of Images: 1
Attachment File Type: PDF

Device Name: testing-ps3
Device Location: BIC 2405

For more information on Xerox products and solutions, please visit http://www.xerox.com/

[attachment: img-613095621-0001.pdf]
**ORDER NO.**
04004693

**SALES PERSON.**
Franzen, Sue

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<th>UNIT</th>
<th>ITEM NUMBER</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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<tbody>
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<td>Each</td>
<td></td>
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<td>$2,100.00</td>
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<tr>
<td>10,000</td>
<td>Lot</td>
<td></td>
<td></td>
<td>$199.0000</td>
<td>$199.00</td>
</tr>
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</table>

**SUB-TOTAL**
$2,299.00

**TAX AMOUNT**
$0.00

**FREIGHT AMOUNT**
$66.96

Please Pay This Amount >>> $2,385.96

---

**REMITTANCE ADVICE**

Please detach this portion and return with your payment.

<table>
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<th>INVOICE NUMBER</th>
<th>INVOICE DATE</th>
<th>AMOUNT DUE</th>
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<td>0E35001548</td>
<td>05/29/2013</td>
<td>$2,385.96</td>
</tr>
</tbody>
</table>

**PLEASE SEND PAYMENT TO:**

Proforma
P.O. Box 640814
Cincinnati, OH 45264-0814

---

**APPROVED 07/16/13**

**DIANE SZAKONYI**

---

**INVOICE DATE**
05/29/2013

**INV. NO.**
0E35001548

**PROforma Premiums**
(530) 844-3147

Please Send Payment To:
Proforma
P.O. Box 640814
Cincinnati, OH 45264-0814

---

**SOLD TO**

College of DuPage
Berg Instructional Center
Room 1645
425 Fawell Blvd.
Glen Ellyn, IL 60137-6599

---

**SHIP TO**

College of DuPage
Berg Instructional Center
Room 2407B
425 Fawell Blvd.
Sherry Machacek
Glen Ellyn, IL 60137-6599

---

Invoices must be paid within terms to qualify for Sale Prices and discounts off current retail prices. Invoices that are paid beyond terms will be adjusted to reflect current retail prices in addition to a 1.5% per month (18% per annum) service charge.

Proforma makes no warranties, express or implied, on merchantability, fitness or otherwise which extend beyond the description of the product herein. Furthermore, buyer agrees through payment of this invoice that Proforma's damages, if any, shall be limited to the total selling price of any item purchased.

---

**Original Invoice**

---

**E35**
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1193296
Vendor Name: Riverside Technologies, Inc
Invoice Number: 0029241-IN
Invoice Date: 06/05/13
PO Number: P0325082
Check Number: E0021251
Check Amount: $19,511.00
Check Date: 07/23/2013
Department ID: 36809
Reviewer Name: None
Voucher Number: V0217474
Document Type: AP Invoice

Invoice Image Below
## Invoice

**RIVERSIDE TECHNOLOGIES, INC.**  
**ADMINISTRATION:**  
748 NORTH 109TH CT,  
OMAHA, NE 68154  
X 1702  
(402) 963-2760

**Sold To:**  
College of Dupage  
Attn: Accounts Payable SRC2049  
425 Fawell Blvd  
GLEN ELLYN, IL 60137  
Confirm To:

**Ship To:**  
College of Dupage  
Attn: Warehouse, Manager  
425 Fawell Blvd  
GLEN ELLYN, IL 60137  
Customer P.O.  
325082

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**Net Invoice:** 19,511.00
**Less Discount:** 0.00
**Freight:** 0.00
**Sales Tax:** 0.00
**Invoice Total:** 19,511.00

---

APPROVED 07/15/13
BRUCE SCHMIDT

931849060840055;
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1179102
Vendor Name: Sangamon County Regional
Invoice Number: 12/31/12
Invoice Date: 12/31/12
PO Number: B0318186
Check Number: E0021012
Check Amount: $ 1,278.75
Check Date: 07/10/2013
Department ID: 14885
Reviewer Name: None
Voucher Number: V0217457
Document Type: AP Invoice

Invoice Image Below
Danielle Conlee
Testing Office Supervisor
Specialized Testing Services
College of DuPage
425 Fawell Blvd., Glen Ellyn, IL 60137-6599
4 phone (630) 942-3765 l fax (630) 942-3724 l conlee@cod.edu
l http://www.cod.edu
Office Location: Berg Instructional Center (BIC) 2407

-----Original Message-----
From: Conlee, Danielle
Sent: Monday, June 17, 2013 1:34 PM
To: Conlee, Danielle
Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Sent by: cdnet-ad\conlee [conlee@cod.edu] Number of Images: 1
Attachment File Type: PDF
Device Name: testing-ps3
Device Location: BIC 2405

For more information on Xerox products and solutions, please visit http://www.xerox.com/

[attachment: img-617123353-0001.pdf]
GED Holistic Scoring Site Billing

To: COLLEGE OF DUPAGE
From: Jim Berberet
Date: December 31, 2012
RE: FY 13 Second Quarter Billing

THE FOLLOWING IS A BREAKDOWN OF ESSAYS SCORED FOR YOUR REGION:

<table>
<thead>
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<th>Date</th>
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<tbody>
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<td>23</td>
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<tr>
<td>12/27/12</td>
<td>24</td>
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</table>

TOTAL FOR OCTOBER: 117

TOTAL FOR NOVEMBER: 104

TOTAL FOR DECEMBER: 120

**Please make checks payable to JEFF VOSE, Regional Superintendent of Schools. Should you have any questions or concerns, please do not hesitate to contact our office. Thank you!

341 QUARTER TOTAL
X 3.75 PER ESSAY

1278.75 TOTAL DUE
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1179102
Vendor Name: Sangamon County Regional
Invoice Number: 6/30
Invoice Date: 06/30/13
PO Number: B0326246
Check Number: E0021397
Check Amount: $ 521.25
Check Date: 07/24/2013
Department ID: 14925
Reviewer Name: None
Voucher Number: V0220493
Document Type: AP Invoice

Invoice Image Below
Danielle Conlee  
Testing Office Supervisor  
Specialized Testing Services

College of DuPage  
425 Fawell Blvd., Glen Ellyn, IL 60137-6599  
4 phone (630) 942-3765 1 fax (630) 942-3724 1 conleed@cod.edu 1 http://www.cod.edu  
Office Location: Berg Instructional Center (BIC) 2407

-----Original Message-----
From: Conlee, Danielle  
Sent: Tuesday, July 16, 2013 3:34 PM  
To: Conlee, Danielle  
Subject: Scan from a Xerox WorkCentre

Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Sent by: cdnet-ad\conleed [conleed@cod.edu] Number of Images: 1  
Attachment File Type: PDF

Device Name: testing-ps3  
Device Location: BIC 2405

For more information on Xerox products and solutions, please visit http://www.xerox.com/

[attachment: img-716145916-0001.pdf]
GED Holistic Scoring Site Billing

To: College of DuPage  
From: Jim Berberet  
Date: June 30, 2013  
RE: FY 13 Fourth Quarter Billing

THE FOLLOWING IS A BREAKDOWN OF ESSAYS SCORED FOR YOUR REGION:

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<td><strong>TOTAL FOR JUNE</strong></td>
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**Please make checks payable to JEFF VOSE, Regional Superintendent of Schools. Should you have any questions or concerns, please do not hesitate to contact our office. Thank you!**

139 X 3.75 = 521.25

TOTAL DUE
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089599
Vendor Name: Schweppe & Sons
Invoice Number: 305117
Invoice Date: 06/24/13
PO Number: B0320013
Check Number: 0124304
Check Amount: $1,619.60
Check Date: 07/25/2013
Department ID: 12931
Reviewer Name: None
Voucher Number: V0218602
Document Type: AP Invoice

Invoice Image Below
From: "Hernandez, Shannon" <hernan@cod.edu>
Sent: Thu Jun 27 12:00:27 CDT 2013
To: Invoicing <invoicing@cod.edu>
CC:
Subject: Schweppes Invoice

[attachment: img-625105651-0001.pdf]
INVOICE

INVOICE NO.: 305517

AMOUNT DUE: 96.00

APPROVED 07/09/13

CHARLES STEELE
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089599
Vendor Name: Schweppe & Sons
Invoice Number: 304948
Invoice Date: 06/19/13
PO Number: B0320013
Check Number: 0124304
Check Amount: $1,619.60
Check Date: 07/25/2013
Department ID: 12931
Reviewer Name: None
Voucher Number: V0218606
Document Type: AP Invoice

Invoice Image Below
From: "Hernandez, Shannon" <hernan@cod.edu>
To: Invoicing <invoicing@cod.edu>
CC:
Subject: Schweppes Invoice

[attachment: img-627104032-0001.pdf]
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**Shipment Instructions:**
- **To:** document 6-20 & 6
- **From:** document 6-20 & 6

**Address:**
- **To:** 630/422-2216
- **From:** 630/422-2216

**Contact:**
- **To:** document 6-20 & 6
- **From:** document 6-20 & 6

**Website:**
- www.schweppemedia.com
- 630-227-8560
- FAX 630-227-8564
- 320 West Wacker Drive, 28th Floor, Chicago, IL 60606

**Providing answers for the Schweppes Industry**

**Invoices:**
- 21805
- 731260

**Invoice Amount:**
- 67960
- 77160

**Please assemble chart prior to delivery.**
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089412
Vendor Name: Sealco, Inc.
Invoice Number: OP/I136618
Invoice Date: 06/04/13
PO Number: P0325449
Check Number: 124305
Check Amount: $ 311.01
Check Date: 07/25/2013
Department ID: 00705
Reviewer Name: None
Voucher Number: V0217493
Document Type: AP Invoice

Invoice Image Below
INVOICE TO:
COLLEGE OF DUPAGE
COMM. COLLEGE DIST. #502
425 FAEWELL BLVD.
GLEN ELLYN
IL 60137

SHIPPED TO:
COLLEGE OF DUPAGE
COMM. COLLEGE DIST. #502
425 FAEWELL BLVD.
GLEN ELLYN
IL 60137

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** Back-order to follow: 130733/1 **

Standard Terms Net 30
AESSEAL is a Trademark of AES Engineering Ltd
Conditions of Sale (Ref.2969L Issue 6 01/01/02) Apply
AESSEAL Inc. Cancellation Policy Applies v1.0 3/13

TOTAL VALUE 311.01
TAX 23.68
TOTAL DUE 334.69
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1088869
Vendor Name: Taylor & Francis Group, LLC
Invoice Number: TD163701
Invoice Date: 07/16/13
PO Number: P0326394
Check Number: E0021407
Check Amount: $ 171.94
Check Date: 07/24/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220491
Document Type: AP Invoice

Invoice Image Below
Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 1
Attachment File Type: PDF

Device Name: lrc-ps3
Device Location: OCC 135

For more information on Xerox products and solutions, please visit http://www.xerox.com/

[attachment: img-716161112-0001.pdf]
**Taylor & Francis Group LLC**

**Invoice #** TD163701

**Reference #** 01764497-0006

**Remit To:**
Taylor and Francis/CRC Press
PO Box 409267
Atlanta, GA 30384-9267
FED. ID #04-3801744

**U.S Orders**
Phone: 1-800-272-7737
Fax: 1-800-374-3401

**International Orders**
Phone: (561) 361-6000 ext. 6418
Fax: (561) 361-6018

**Bill To:**
Z06791
COLLEGE OF DU PAGE
KAREN YAMASAKI
425 FAWELL BLVD
LIBRARY RM 3038
GLEN ELLYN, IL 60137

**Ship To:**
Z06791
COLLEGE OF DU PAGE
KAREN YAMASAKI
425 FAWELL BLVD
LIBRARY RM 3038
GLEN ELLYN, IL 60137

**Contact:**

**PO #:** 1224876
**Pay Method:** Open
**Card Name:**

**Phone:** 6309422281
**Prepaid:** $0.00
**PO Date:** 7/25/2008
**Future Ship Date:**
**Calc Method:** Calculated
**Exp Date:** /0
**App/Decl:**

**Tracking Number(s):** 492803970130640

**Ship Method:** FEDEX GROUND
**Quantity:** 1
**Ship Date:** 6/18/2013

<table>
<thead>
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<th>Catalog</th>
<th>Invoice</th>
<th>Status</th>
<th>Promo</th>
<th>Type</th>
<th>Qty</th>
<th>Qty B/O</th>
<th>Qty Ship</th>
<th>Discount</th>
<th>List Price</th>
<th>Spec Price</th>
<th>Sell Price</th>
<th>Ext Price</th>
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<td>TD163701</td>
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<td>9781466571143</td>
<td>CRC Handbook of Chemistry &amp; Physics, 94th ed</td>
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**Order Details**

**Subtotal:** 169.95
**Freight:** 0.00
**Handling:** 1.99
**Parcel Post:** 0.00
**Misc Chg:** 0.00
**Tax:** 0.00

**Order Total:** 171.94

**APPROVED 07/17/13**

**LISA STOCK**

**OK to Pay**

**PO 326394**

**KY**

**7/16/13**
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1197900
Vendor Name: The Golf Training Aid Store
Invoice Number: 335923
Invoice Date: 06/04/13
PO Number: P0325454
Check Number: 124169
Check Amount: $595.35
Check Date: 07/25/2013
Department ID: 00233
Reviewer Name: None
Voucher Number: V0217517
Document Type: AP Invoice

Invoice Image Below
Sold To:
College of DuPage Accounts Payable, PO #325454 630-942-2228
425 Fawell Blvd
Glen Ellyn IL 60137

SHIP TO:
College of DuPage Shipping & Receiving 630-942-2228
425 Fawell Blvd
Glen Ellyn IL 60137

Order Date: 4-Jun-2013
ORDER NO.: Ref. No.: 335923
Ship via: UPS Ground
Customer ID: 185310
PO Number: 325464

<table>
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<tr>
<th>SKU</th>
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<th>Shipped</th>
<th>Unit Price</th>
<th>Total</th>
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<tbody>
<tr>
<td>3BS-GSAPRO-IOS</td>
<td>3BAYS GSA Pro Golf Swing Analyzer</td>
<td>1</td>
<td>1</td>
<td>$199.95</td>
<td>$199.95</td>
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<tr>
<td>AG3DB-White</td>
<td>Almost Golf 3 Dozen Ball Pack - White</td>
<td>12</td>
<td>12</td>
<td>$32.95</td>
<td>$395.40</td>
</tr>
</tbody>
</table>

Subtotal  $595.35
Shipping  $0.00
Sales Tax  $0.00
Total      $595.35

APPROVED 06/24/13
EARL DOWLING

Due upon receipt

We hope you are completely satisfied with your purchase. If for any reason you would like to return or exchange your items, you must call us within 30 days for an RMA. All returns & exchanges must have an RMA. 888-733-8983

Thanks for your order!
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1084143
Vendor Name: Tiger Direct
Invoice Number: J35727540101
Invoice Date: 03/21/13
PO Number: B0323885
Check Number: E0021409
Check Amount: $ 1,008.99
Check Date: 07/24/2013
Department ID: 36801
Reviewer Name: None
Voucher Number: V0217469
Document Type: AP Invoice

Invoice Image Below
**INVOICE**

**PLEASE REMIT TO:**
TigerDirect Inc.
P O Box 935313
Atlanta GA 31193-5313

**SHIP TO (IF OTHER THAN “SOLD TO”):**
WAREHOUSE MANAGER
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAMELL BLVD
GLEN ELLYN, IL 60137

**INVOICE NO/ORDER NO:** J35727540101
**INV. DATE:** 03/21/13
**SHIPPED VIA:** AIT LOGISTICS
**DATE SHIPPED:** 03/20/13
**Payment Due by:** 04/05/13

<table>
<thead>
<tr>
<th>WAREHOUSE MANAGER</th>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>EXTENDED AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>L49-5517</td>
<td>LG 55LS4600 55in 1080p 120Hz LED HDTV</td>
<td>929.99</td>
<td>929.99</td>
</tr>
</tbody>
</table>

**TOTAL DUE:** $1,008.99

**APPROVED 07/22/13**
**BRUCE SCHMIEDL**

**NAPERVILLE**

---

**Tear along the perforation **

**APPROVED 07/22/13**
**BRUCE SCHMIEDL**

**TOTAL DUE:** $1,008.99

---

**Address Change**

**Amount Remitted:** $
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1088973
Vendor Name: Trane
Invoice Number: 7847279R1
Invoice Date: 05/29/13
PO Number: B0317976
Check Number: 124332
Check Amount: $764.04
Check Date: 07/25/2013
Department ID: 00705
Reviewer Name: None
Voucher Number: V0217492
Document Type: AP Invoice

Invoice Image Below
Trane U.S. Inc.
3600 PAMEL CREEK ROAD
LA CROSSE, WI 54601-7999

Parts provided by Trane Parts Center
Willowbrook, IL.
Ph: 630-455-9900 Fax: 630-323-7420

SOLD TO:
COLLEGE OF DUPAGE
ATTN: ACCOUNTS PAYABLE
425 FAWELL BOULEVARD
GLEN ELlyn, IL 60137

SHIP TO/SERVICE LOCATION:
COLLEGE OF DUPAGE
425 FAWELL BOULEVARD
GLEN ELlyn, IL 60137

Due on Receipt: 5/29/2013

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>UOM</th>
<th>MULT</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>EXTENDED AMOUNT</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>BRU00177, brush; 5/8 in. nylon brush for small bore tubes, with quick connect fittings, for use with ram-4-60, ram-5sf-60-3 and ram-6-60 and quick connect flexible shaft</td>
<td>1.00</td>
<td>2.00</td>
<td>266.00</td>
<td>532.00</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>FREIGHT!, freight and handling</td>
<td>1.00</td>
<td>26.00</td>
<td>26.00</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>70304607! gasket; condenser head gasket</td>
<td>12.00</td>
<td>12.17</td>
<td>146.04</td>
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</table>

SPECIAL INSTRUCTIONS:

TOTAL: 764.04

Approved 06/25/13

RONALD DULCEAUK

Currency: USD
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1088746
Vendor Name: Tri-Anim
Invoice Number: 61125614
Invoice Date: 06/04/13
PO Number: P0323801
Check Number: 124334
Check Amount: $375.98
Check Date: 07/25/2013
Department ID: 00257
Reviewer Name: None
Voucher Number: V0216612
Document Type: AP Invoice

Invoice Image Below
# Invoice

**Correspondence Address:**
5060 Tuttle Crossing
Dublin, OH 43016
Phone: (877) 691.2619
www.Tri-anim.com

**Bill To:**
39769

**Ship To:**
XX

**Account #**
39769

---

**FID#** 95-2959155

---

**Invoice #** 61125614
**Date:** 6/4/2013
**Page:** 1 of 1

---

**COLLGE OF DUPAGE**
**425 FAWELL BLVD.RM 1220**
**RECEIVING/CHARLES VANDERWARF**
**GLEN ELLYN, IL 60137**

---

<table>
<thead>
<tr>
<th>Purchase Order #</th>
<th>Sales Order #</th>
<th>Sales Person</th>
<th>Ship Via</th>
<th>Ship Date</th>
<th>Payment Terms</th>
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<tbody>
<tr>
<td>329801</td>
<td>92259333</td>
<td>M CODELLA</td>
<td>U.P.S.</td>
<td>06/04/2013</td>
<td>NET 20 DAYS</td>
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**THE FOLLOWING ITEMS SHIPPED FROM:**

**CWH**
5235 International Drive
Suite D
CUDAHY, WI 53110

---

<table>
<thead>
<tr>
<th>Item #</th>
<th>Description</th>
<th>Pk Qty/UOM</th>
<th>Ordered</th>
<th>Shipped</th>
<th>B/O</th>
<th>Unit Price</th>
<th>Ext. Price</th>
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</thead>
<tbody>
<tr>
<td>181-V769204</td>
<td>FILTER, MICRO-GARD, 25BX</td>
<td>25/BX</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>$181.46</td>
<td>$362.92</td>
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</table>

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**Tracking Numbers:**

1Z9722A10341210672
1Z9722A10341335467

---

**NOTE:** Please Remit To:

Tri-anim Health Services
25197 Network Place
Chicago, IL 60673-1251

---

**Note:** *Indicates taxable item

---

**Merchandise:** $362.92
**Tax:** $0.00
**Freight:** $13.06
**Deposit:** $0.00
**Total:** $375.98

---

**APPROVED 06/25/13**

**THOMAS CAMERON**
1. **Conditions of Transaction.** By submitting payment for the attached invoice ("Invoice"), Customer agrees to the terms and conditions set forth below which apply to the transaction(s) to which the Invoice relates, and Customer further agrees to be bound by such terms and conditions. Company expressly rejects Customer's purchase order, or any other document or instrument issued by Customer that is not agreed to in writing by Company.

2. **Contract Documents.** The Invoice and these Standard Terms and Conditions comprise the complete and final agreement between Company and Customer (the "Contract Documents") concerning its subject matter, and supersede all prior negotiations, proposals, representations, commitments, understandings, or agreements between the parties, either written or oral. No other agreement, quotation, or acknowledgment in any way modifying any of the Contract Documents will be binding upon Company unless made in writing and signed by Company's authorized representative.

3. **Taxes and Compliance with Laws.** Unless specified otherwise on the face of the Invoice, Customer shall be responsible for all federal, state, and local taxes, including income, excise, use, and sales taxes, and customs and import duties.

4. **Warranty.** New Products purchased as reflected on the Invoice carry only those warranties made for them by their manufacturers. Company offers no additional warranties relating to new Products.

Unless otherwise noted on the invoice, recertified Products carry the following warranty:

- Three (3) year warranty from the date of the invoice for parts and labor on automated external defibrillators (AED), excluding Lifepak 500, Phillips FR2, Welch Allyn AED 10 and Welch Allyn AED20.
- One (1) year warranty on all other recertified non-AED Products from the date of the invoice for parts and labor.
- There will be no charge for parts or labor to repair a recertified Product during the warranty period. Replacement parts may, at Company's sole discretion, be new, used, reconditioned or refurbished. In the event Company elects to replace a Product, the replacement unit may, at Company's sole discretion, be new, used, reconditioned or recertified so long as the replacement unit is functionally equivalent to the original recertified Product. Repaired or replaced Products are warranted for the remaining portion of the original recertified Product's warranty period.

Warranties contained herein do not apply to abuse, accident, acts of God, consumable parts, accessories, improper installation or operation, and/or normal wear and tear or aging.

EXCEPT AS SET FORTH HEREIN, THERE ARE NO OTHER EXPRESSED OR IMPLIED WARRANTIES, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE AS IT RELATES TO THE PRODUCTS. COMPANY'S SOLE OBLIGATION AND CUSTOMER'S EXCLUSIVE REMEDY FOR BREACH OF ANY WARRANTY OR FOR ANY BREACH OF THE CONTRACT DOCUMENTS SHALL BE, AT COMPANY'S OPTION, TO REPAIR OR REPLACE THE PRODUCT. COMPANY SHALL NOT BE LIABLE FOR ANY OTHER DAMAGES INCLUDING, BUT NOT LIMITED TO, INDIRECT, INCIDENTAL, CONSEQUENTIAL, LOST PROFITS, SPECIAL, PUNITIVE, OR EXEMPLARY DAMAGES REGARDLESS OF THE FORM OF THE ACTION OR THE THEORY OF RECOVERY. EVEN IF THAT PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. IN NO EVENT WILL COMPANY BE LIABLE FOR ANY DAMAGES OR NONCONFORMITY OF PRODUCTS TO THE EXTENT CAUSED EITHER DIRECTLY OR INDIRECTLY BY CUSTOMER OR ITS DESIGNATED REPRESENTATIVES, EMPLOYEES, CONTRACTORS, OR AGENTS.

5. **Rewards Program.** Customer shall be responsible for all regular service and maintenance of any Product placed through the Company's rewards program.

6. **Delivery.** Unless stated otherwise agreed to in writing by Company or specified otherwise on the Invoice, all Products shall be shipped FOB Origin. Customer shall be responsible for all freight costs and shall assume risk of loss at the time Products are delivered to the carrier. Shipping and handling charges may apply and will be prepaid and added to the Invoice of all open account and credit card purchases.

7. **Payment Terms.** Amounts payable under the Invoice are to be remitted by Customer to Company within 30 calendar days after the date of the Invoice. The amount is payable in U.S. dollars.

8. **No Assignment.** Customer shall not assign or transfer its rights, delegate or sublet its performance in whole or in part under the Contract Documents, or assign or transfer funds due hereunder, without Company's prior written consent. Any attempted assignment or delegation without prior written consent shall be void and shall constitute a material breach of Contract Documents. The Contract Documents shall be binding upon Customer and its respective successors and permitted assigns.

9. **Indemnity.** TO THE MAXIMUM EXTENT ALLOWED BY LAW, CUSTOMER SHALL INDEMNIFY, DEFEND AND HOLD HARMLESS COMPANY AND ITS OWNERS, OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS AGAINST ALL LOSS, DAMAGE, LIABILITY, COSTS, AND EXPENSE INCLUDING REASONABLE ATTORNEYS' FEES, ANY INJURY OR DEATH TO ANY PERSON, OR DAMAGE TO ANY PROPERTY RESULTING FROM OR IN ANY WAY CONNECTED WITH (i) THE NEGLIGENCE OR WILLFUL ACT, OR OMISSION OF CUSTOMER OR CUSTOMER'S EMPLOYEE, AGENT, OR REPRESENTATIVE, AND (ii) CUSTOMER'S USE OF ANY OF THE PRODUCTS. COMPANY SHALL PAY THE RUIN BUT NOT THE OBLIGATION, TO CONTROL THE DEFENSE OR SETTLEMENT OF ANY CLAIM OR LAWSUIT COVERED BY THIS INDUSTRY HEREUNDER AND, AT COMPANY'S OPTION, CUSTOMER SHALL AT CUSTOMER'S EXPENSE (A) DEFEND ALL ACTIONS BASED THEREON, OR (B) PAY COMPANY ALL ATTORNEYS' FEES FOR ALL OF THE COSTS AND EXPENSE ARISING FROM THE DEFENSE AND SETTLEMENT THEREOF BY COMPANY-INDUCED PARTIES.

10. **Governing Law.** The documents and the rights and obligations of Company and Customer shall be governed and construed according to the laws of the state of Ohio, without giving effect to its conflict of laws principles. Customer irrevocably agrees that any legal action, suit or proceeding brought by it in any way arising out of this Agreement must be brought solely and exclusively in, and will be subject to the service of process in and other applicable procedural rules of, the State or Federal court in Columbus, Ohio. The United Nations convention on contracts for the international sale of goods shall not apply to the Contract Documents.

11. **Miscellaneous.** No course of dealing between the parties or any waiver of a breach of any provision of the Contract Documents shall constitute a waiver of any other breach of such provision. Should any provision of the Contract Documents be held invalid or unenforceable, the remaining terms will remain in full force and effect, consistent with the terms of the Contract Documents taken as a whole. Customer is an independent contractor and not an agent of Company.
Drawer: Accounts Payable - Invoices
Vendor Number: 1089074
Vendor Name: Uline
Invoice Number: 51333691
Invoice Date: 06/19/13
PO Number: P0325185
Check Number: 0124337
Check Amount: $ 1,993.77
Check Date: 07/25/2013
Department ID: 00297
Reviewer Name: None
Voucher Number: V0219933
Document Type: AP Invoice

Invoice Image Below
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<td>72</td>
<td>1/2X60 GEN PURPOSE MASKING TAPE</td>
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<td>3/4X60 GEN PURPOSE MASKING TAPE</td>
<td>1.10</td>
<td>39.60</td>
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<tr>
<td>6</td>
<td>1&quot;X25' ULINE TAPE MEASURE</td>
<td>9.00</td>
<td>54.00</td>
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<tr>
<td>6</td>
<td>36X24&quot; BLUE CUTTING MAT</td>
<td>33.00</td>
<td>198.00</td>
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<td>20</td>
<td>24X18&quot; BLUE CUTTING MAT</td>
<td>18.00</td>
<td>360.00</td>
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<td>5</td>
<td>36&quot; VERTICAL PAPER CUTTER</td>
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**TOTAL**

<p>| |</p>
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<tbody>
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<td>1993.77</td>
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Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089093
Vendor Name: Unique Products
Invoice Number: 259621
Invoice Date: 06/05/13
PO Number: B0321350
Check Number: 124338
Check Amount: $ 81.75
Check Date: 07/25/2013
Department ID: 00689
Reviewer Name: None
Voucher Number: V0216524
Document Type: AP Invoice

Invoice Image Below
**Bill To:**

COLLEGE OF DUPAGE  
COMMUNITY COLLEGE DIST 502  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599  

**Ship To:**

COLLEGE OF DUPAGE  
BIC 0400 SHIPPING & RECEIVING  
425 FAWELL (FORMERLY 22ND ST)  
GLEN ELLYN IL 60137  

<table>
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A service charge of 1.5%/month (18%/yr)  
will be charged on all past due accounts  

Merch Total $81.75  
Taxable Sales $0.00  
0.0% Sales Tax $0.00  
Ship/Handling $0.00  
Ppd Deposit $0.00  
Total Due $81.75  

**ATTENTION**

ORDER ONLINE FROM YOUR BROWSER OR TABLET  
CALL BOB CURE' TO START NOW 630-774-2181  

Salesman RANDY  
Cust Acct COLLE100  

**APPROVED 06/25/13**  
JOEL GALLEGOS
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089093
Vendor Name: Unique Products
Invoice Number: 258214R
Invoice Date: 05/29/13
PO Number: B0317925
Check Number: 124338
Check Amount: $ 811.72
Check Date: 07/25/2013
Department ID: 00689
Reviewer Name: None
Voucher Number: V0217466
Document Type: AP Invoice

Invoice Image Below
UNIQUE PRODUCTS

Remit To: PO Box 66516, Chicago, IL 60666-0516
(630) 762-8800 • (800) 783-9675 • FAX (630) 762-9900
Janitorial Supplies • Paper Products • Cleaning Equipment

Bill To:
COLLEGE OF DUPAGE
COMMUNITY COLLEGE DIST 502
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

Ship To:
COLLEGE OF DUPAGE
BIC 0400 SHIPPING & RECEIVING
425 FAWELL (FORMERLY 22ND ST)
GLEN ELLYN IL 60137

<table>
<thead>
<tr>
<th>Description</th>
<th>Item Code</th>
<th>Ordered</th>
<th>Shipped</th>
<th>B/O</th>
<th>Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOAMING LUXURY HAND SOAP 8/950 ML</td>
<td>KU69078</td>
<td>28</td>
<td>28</td>
<td>0</td>
<td>78.99</td>
<td>$811.72</td>
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</tbody>
</table>

REVISED INVOICE WITH CORRECT CONTRACT PRICING

A service charge of 1.5%/month (18%/yr) will be charged on all past due accounts.

Merch Total $811.72
Taxable Sales $0.00
0.0% Sales Tax $0.00
Ship/Handling $0.00
Ppd Deposit $0.00
Total Due $811.72

ORDER ONLINE FROM YOUR BROWSER OR TABLET
CALL BOB CURE TO START NOW 630-774-2181

Salesman RANDY
Cust Acct COLLE100

APPROVED 06/25/13
JOEL GALLEGOS
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089148
Vendor Name: United Visual
Invoice Number: INV738028
Invoice Date: 05/31/13
PO Number: B0317684
Check Number: E0021414
Check Amount: $1,906.00
Check Date: 07/24/2013
Department ID: 16765
Reviewer Name: None
Voucher Number: V0217480
Document Type: AP Invoice

Invoice Image Below
## Invoice

<table>
<thead>
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<th>Invoice #</th>
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<tr>
<td>INV738028</td>
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<td>01219</td>
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</tbody>
</table>

### Due Date
- 6/30/2013

### PO #
- BO317684

### Terms
- Net 30 Days

### Buyer
- Chris Wilson

### Account Manager
- Mike Maturo

### Project #

### Reference
- Sales Order #S137623

### Sold To

Attn: Accounts Payable
College Of Dupage
Attn: Accounts Payable
425 Fawell Street
Glen Ellyn IL 60137

### Ship To

Attn: Chris Wilson/#BO317684
College Of Dupage
Shipping & Receiving
425 - Fawell Street
Glen Ellyn IL 60137

---

**Shipment Details**

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>Epson V13H010L53 Replacement Lamp for PowerLite 1830, 1915 and 1925W</td>
<td>$700.00</td>
<td>1</td>
<td>$700.00</td>
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</tbody>
</table>

**Subtotal**

1,850.00

**Shipping Cost (Base Way & Freight TBD)**

56.00

**Total**

1,906.00

**Amount Due**

1,906.00

---

To request a current Statement of Account, please contact us at payments@unitedvisual.com or by phone at (630) 467-1500.

---

**Approved 07/17**

KEITH ZEITZ

---

**Remittance Slip**

<table>
<thead>
<tr>
<th>Remit to:</th>
<th>Invoice</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Visual, Inc.</td>
<td>INV738028</td>
<td>$1,906.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Invoice #</th>
<th>Amount</th>
<th>Payroll/Check Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>01219 College Of DuPage</td>
<td>INV738028</td>
<td>$1,906.00</td>
<td></td>
</tr>
</tbody>
</table>
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089148
Vendor Name: United Visual
Invoice Number: INV738030
Invoice Date: 05/31/13
PO Number: B0317684
Check Number: E0021414
Check Amount: $138.00
Check Date: 07/24/2013
Department ID: 16765
Reviewer Name: None
Voucher Number: V0217479
Document Type: AP Invoice

Invoice Image Below
# United Visual

1050 Spring Lake Dr.
Itasca IL 60143-2082
630-467-1500

**Remit To:**
United Visual, Inc.
1050 Spring Lake Dr.
Itasca, IL 60143-2082

---

**Invoice #** | **Date** | **Cust. No.**
--- | --- | ---
INV738030 | 5/31/2013 | 01219

**Invoice**

**Due Date:** 6/30/2013

**PO #:** BO317684

**Terms:** Net 30 Days

**Buyer:** Chris Wilson

**Account Manager:** Mike Maturo

**Project #:**

**Reference:** Sales Order #S137700

---

**Sold To:**
Attn: Accounts Payable
College Of DuPage
425 Fawell Street
Glen Ellyn IL 60137

**Ship To:**
Chris Wilson; BO317684
College Of DuPage
Shipping & Receiving
425 - Fawell Street
Glen Ellyn IL 60137

---

1.5% per month charged on past due accounts

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Ext. Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>26-620-01</td>
<td>Extron CSM8 Captive Screw to 3.5mm Stereo F Audio Adapter</td>
<td>10</td>
<td>$16.00</td>
<td>$160.00</td>
</tr>
</tbody>
</table>

---

**Subtotal:** $128.00

**Shipping Cost (Drop Ship Direct):** $10.00

**Shipping Total:** $138.00

---

**Amount Due:** $138.00

---

To request a current Statement of Account, please contact us at payments@unitedvisual.com or by phone at (630) 467-1500.

---

**Remittance Slip**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Invoice #</th>
<th>Amount Due</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>01219 College Of DuPage</td>
<td>INV738030</td>
<td>$138.00</td>
<td>$138.00</td>
</tr>
</tbody>
</table>

---

**Remit to:**
United Visual, Inc.
1050 Spring Lake Dr.
Itasca, IL 60143-2082

---

**Approved 07/16/13**

KEITH ZEITZ
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089148
Vendor Name: united visual
Invoice Number: inv738033
Invoice Date: 05/31/13
PO Number: BO317684
Check Number: E0021414
Check Amount: $ 193.00
Check Date: 07/24/2013
Department ID: 16765
Reviewer Name: None
Voucher Number: v0217478
Document Type: AP Invoice

Invoice Image Below
**Invoice**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>29-375-01</td>
<td>Extron CSR-6 Captive Screw to RCA Female Audio Adapter</td>
<td>11</td>
<td>17.00</td>
<td>187.00</td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal** 187.00

**Shipping Cost** 6.00

**Total** $193.00

---

To request a current Statement of Account, please contact us at payments@unitedvisual.com or by phone at (630) 467-1500.

---

**Remittance Slip**

<table>
<thead>
<tr>
<th>Remitter</th>
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<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>01219 College Of DuPage</td>
<td>INV738033</td>
<td>$193.00</td>
<td></td>
</tr>
</tbody>
</table>

---

**Remit to:**

United Visual, Inc.
1050 Spring Lake Dr.
Itasca, IL 60143-2082

---

**Special Instructions:**
1.5% per month charged on past due accounts.

**APPROVED 07/16/ KEITH ZEITZ**
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1267352
Vendor Name: University of Hawaii Press
Invoice Number: 1186835
Invoice Date: 07/03/13
PO Number: P0326033
Check Number: 0124339
Check Amount: $127.02
Check Date: 07/25/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0220741
Document Type: AP Invoice

Invoice Image Below
Please open the attached document. It was scanned and sent to you using a Xerox WorkCentre.

Number of Images: 1
Attachment File Type: PDF

Device Name: lrc-ps3
Device Location: OCC 135

For more information on Xerox products and solutions, please visit http://www.xerox.com/

[attachment: img-718095656-0001.pdf]
**University of Hawai‘i Press**

2840 KOLOWALU STREET, HONOLULU, HAWAII 96822-1888
FEDERAL ID. NO. 99-6000-354
GST #130759970
PHONE (808) 956-8255; (888) UHPRESS
FAX (808) 956-0552; (800) 650-7811
uhpbooks@hawaii.edu

**INVOICE #: 1186835**
**INV DATE: 3 JUL 13**
**ACCOUNT #: 22884**
**Page #: 1**

SOLD ATTN: CINDI ROSSETTI/SRC 3040
TO COLLEGE OF DUPAGE LIBRARY
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

SHIP ATTN: CINDI ROSSETTI/SRC 3040
TO COLLEGE OF DUPAGE LIBRARY
425 FAWELL BLVD
22884 GLEN ELLYN IL 60137-6599

SALES AREA:
SHIPPED VIA: UPS GRND MA

CUSTOMER PO#: 630107
TERMS: Net 30

<table>
<thead>
<tr>
<th>ISBN</th>
<th>QTY</th>
<th>TITLE</th>
<th>PRICE</th>
<th>DIS</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>9780824822651</td>
<td>1</td>
<td>LAL: THE PACIFIC ISLAND: AN ENCYC</td>
<td>$117.00</td>
<td>%</td>
<td>$117.00</td>
</tr>
</tbody>
</table>

SHORTAGES AND DEFECTIVE BOOKS MUST BE REPORTED WITHIN 30 DAYS OF INVOICE DATE TO RECEIVE FULL CREDIT.

Ok to Pay
PO# 326033
7-18-2013

**Approved 07/22/13**

**LISA STOCK**

Maple Vail (2)
QUAN: Quan 1
WEIGHT: 5.50#

SHIPPING LESS PAYMENT 10.02 $
PLEASE PAY IN U.S. DOLLARS
INVOICE TOTAL $127.02

 CLR
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089233
Vendor Name: Village of Bloomingdale
Invoice Number: 93327010-01
Invoice Date: 06/06/13
PO Number: B0318606
Check Number: E0021415
Check Amount: $ 54.55
Check Date: 07/24/2013
Department ID: 00721
Reviewer Name: None
Voucher Number: V0217467
Document Type: AP Invoice

Invoice Image Below
WATER CONSERVATION AND CONTROL REMINDER
From May through September of each year, the use of the public water supply for sprinkling of lawns with automatic sprinkling devices is PROHIBITED except for:
- SINGLE FAMILY residential with ODD numbered addresses on Mon, Wed and Sat between the hours of 5am and 9am or 5pm and 9pm.
- SINGLE FAMILY residential with EVEN numbered addresses on Tues, Thurs, and Sun. Between the hours of 5am and 9am or 5pm and 9pm.
- COMMERCIAL and MULTI-FAMILY on Tues, Thurs, and Sun between the hours of 5am and 9am or 5pm and 9pm.
Please see Village Ordinance NO.90-30 or call the Village for more information.

PLEASE SEE OTHER SIDE FOR ADDITIONAL BILLING INFORMATION

<table>
<thead>
<tr>
<th>BILL DATE: 06/06/2013</th>
<th>ACCOUNT NUMBER: 93327010-01</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME: COLLEGE OF DU PAGE</td>
<td></td>
</tr>
<tr>
<td>SERVICE ADDRESS: 160-R S BLOOMINGDALE RD</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>METER INFORMATION</th>
<th>BILLING PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT READING</td>
<td>753</td>
</tr>
<tr>
<td>PREVIOUS READING</td>
<td>751</td>
</tr>
<tr>
<td>USAGE (1000 GALLONS)</td>
<td>2</td>
</tr>
<tr>
<td>PREVIOUS READING DATE</td>
<td>04/03/2013</td>
</tr>
<tr>
<td>CURRENT READING DATE</td>
<td>06/03/2013</td>
</tr>
<tr>
<td>TYPE OF READING</td>
<td>ACTUAL</td>
</tr>
<tr>
<td>DAYS OF SERVICE</td>
<td>61</td>
</tr>
</tbody>
</table>

| PREVIOUS BALANCE | $24.51 |
| WATER SERVICE    | $32.25 |
| SEWER SERVICE    | $22.30 |

| BALANCE FORWARD | $24.51 |
| CURRENT CHARGES | $54.55 |
| TOTAL AMOUNT DUE BY 06/25/2013 | $79.06 |

A 10% LATE FEE WILL BE ADDED TO YOUR ACCOUNT IF PAYMENT IN FULL IS NOT RECEIVED BY DUE DATE.

VILLAGE OF BLOOMINGDALE
201 S. Bloomingdale Rd
Bloomington, IL 60108
(630) 671-5650

ACCOUNT NUMBER: 93327010-01
SERVICE ADDRESS: 160-R S BLOOMINGDALE RD

APPROVED 06/26/13
CHRISTOPHER WOSACHIO

TOTAL AMOUNT DUE ON 06/25/2013 | $79.06

PLEASE DO NOT FOLD
VILLAGE OF BLOOMINGDALE

Water Service and Billing Inquiries
For questions about your water usage or bill amount call ............................................. 630-671-5650
To request a final water meter reading call ................................................................. 630-671-5650
For questions about water quality or water service call ............................................ 630-529-5865
Office Hours: Monday thru Friday ............. 8:30 a.m. to 4:30 p.m.
Saturday ........................................... 8:30 a.m. to 1:30 p.m. (at the Police Department)

Water and Sewer Rates

<table>
<thead>
<tr>
<th>Rate Description</th>
<th>Effective June 1, 2012</th>
<th>Effective January 1, 2013</th>
<th>Effective January 1, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First 5,000 gallons bi-monthly or any portion thereof (minimum bill)</td>
<td>29.05</td>
<td>32.25</td>
<td>35.75</td>
</tr>
<tr>
<td>Next 19,000 gallons bi-monthly (per 1,000 gallons)</td>
<td>5.81</td>
<td>6.45</td>
<td>7.15</td>
</tr>
<tr>
<td>All over 24,000 gallons bi-monthly (per 1,000 gallons)</td>
<td>5.81</td>
<td>6.45</td>
<td>7.15</td>
</tr>
<tr>
<td>Non Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First 5,000 gallons bi-monthly or any portion thereof (minimum bill)</td>
<td>33.85</td>
<td>37.05</td>
<td>40.55</td>
</tr>
<tr>
<td>All over 5,000 gallons bi-monthly (per 1,000 gallons)</td>
<td>6.77</td>
<td>7.41</td>
<td>8.11</td>
</tr>
</tbody>
</table>

* For Additional Water/Sewer Rate information, please visit the Village website at www.VillageofBloomingdale.org or contact the Village at 630-671-5650.

Other Charges and Fees

- **Security Deposit:** $100.00 refundable deposit to establish service on a new account.
- **Application Fee:** $10.00 fee to establish a new account.
- **Late Fee:** 10% fee, based on most recent bill amount.
- **Certified Letter Fee:** $15.00 fee for past due notice requiring a certified letter.
- **Red Tag Fee:** $40.00 fee to physically place notice at subject property.
- **Reconnection Fee:** $60.00 fee to turn water service on after disconnection during office hours, Monday - Friday, otherwise $120.00 fee to turn water service on after disconnection.
- **Returned Check Fee:** $20.00 fee on all returned payments.
- **Collection Agent Fee:** 100% of collection agency fee.

Additional Billing Information

- Allow 7 days for mail delivery. Your bill is not considered paid until payment is received by the Village.
- Include your account number on your check. Include the remittance coupon with your payment.
- You may pay your bill electronically direct from your bank account. To obtain an enrollment form, contact Village Hall at 630-893-7000, or go to www.villageofbloomingdale.org, select Public Records A-Z, Utility Bill Electronic Payment Application.
- You may pay your bill by Visa or MasterCard, in-person or by telephone, by contacting the Village Hall at 630-893-7000.
- You may pay your bill by using the Payment Drop Box located in front of Village Hall.
- By Village ordinance, owners and tenants are jointly and severally responsible for the payment of utility bills.

Please Include This Remittance Coupon With Your Payment

Pay By Mail:
If you use the enclosed pre-addressed envelope, make the payment to:
Village of Bloomingdale
P.O. Box 4717
North Suburban, IL 60197-4717
Allow 7 days for mail delivery. Include remittance coupon with payment.

Pay in Person:
The Village Hall is located at:
201 S. Bloomingdale Rd
Bloomingdale, IL 60108
Office Hours:
Monday thru Friday 8:30 a.m. to 4:30 p.m.
Saturday 8:30am to 1:30pm (at the Police Dept.)

Pay Online:
If you use an online bill payment service, make the payment to:
Village of Bloomingdale
201 S. Bloomingdale Rd
Bloomingdale, IL 60108
Consult your financial institution for appropriate processing time.

Make checks payable to Village of Bloomingdale.
You may pay your bill by Visa or MasterCard, in-person or by telephone, by contacting the Village Hall at 630-893-7000.
You may pay your bill by using our Payment Drop Box located in front of Village Hall.
If you are moving, you must call the Water Billing department at 630-671-5650 to schedule a Final Water Meter Reading.

26-142-03 01/13
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089233
Vendor Name: Village of Bloomingdale
Invoice Number: 93342010-00
Invoice Date: 06/06/13
PO Number: B0326025
Check Number: E0021415
Check Amount: $ 54.55
Check Date: 07/24/2013
Department ID: 00721
Reviewer Name: None
Voucher Number: 221769
Document Type: AP Invoice

Invoice Image Below
WATER CONSERVATION AND CONTROL REMINDER
From May through September of each year the use of the public water supply for Sprinkling of lawns with automatic sprinkling devices is PROHIBITED except for SINGLE FAMILY residential with ODD numbered addresses on Mon, Wed and Sat between the hours of 5am and 9am or 5pm and 9pm. SINGLE FAMILY residential with EVEN numbered addresses on Tues, Thurs, and Sun. Between the hours of 5am and 9am or 5pm and 9pm. COMMERCIAL and MULTI-FAMILY on Tues, Thurs, and Sun between the hours of 5am and 9am or 5pm and 9pm. Please see Village Ordinance NO.90-30 or call the Village for more information.

PLEASE SEE OTHER SIDE FOR ADDITIONAL BILLING INFORMATION

<table>
<thead>
<tr>
<th>BILL DATE: 06/06/2013</th>
<th>ACCOUNT NUMBER: 93324010-00</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME: COLLEGE OF DU PAGE</td>
<td>SERVICE ADDRESS: 162 S BLOOMINGDALE RD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>METER INFORMATION</th>
<th>BILLING PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT READING ........................................... 115</td>
<td>PREVIOUS READING DATE ............ 04/03/2013</td>
</tr>
<tr>
<td>PREVIOUS READING ........................................... 114</td>
<td>CURRENT READING DATE ............ 06/03/2013</td>
</tr>
<tr>
<td>USAGE (1000 GALLONS) ..................................... 1</td>
<td>TYPE OF READING .................................. ACTUAL</td>
</tr>
<tr>
<td></td>
<td>DAYS OF SERVICE .................................. 61</td>
</tr>
</tbody>
</table>

PREVIOUS BALANCE $23.28

<table>
<thead>
<tr>
<th>PREVIOUS BALANCE</th>
<th>WATER SERVICE</th>
<th>SEWER SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$23.28</td>
<td>$32.25</td>
<td>$22.30</td>
</tr>
</tbody>
</table>

BALANCE FORWARD $23.28

<table>
<thead>
<tr>
<th>BALANCE FORWARD</th>
<th>CURRENT CHARGES</th>
<th>TOTAL AMOUNT DUE BY 06/25/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>$23.28</td>
<td>$54.55</td>
<td>$77.83</td>
</tr>
</tbody>
</table>

A 10% LATE FEE WILL BE ADDED TO YOUR ACCOUNT IF PAYMENT IN FULL IS NOT RECEIVED BY DUE DATE

RETURN THIS REMITTANCE COUPON WITH CHECK PAYABLE TO VILLAGE OF BLOOMINGDALE DETACH HERE

VILLAGE OF BLOOMINGDALE
201 S. BLOOMINGDALE Rd
BLOOMINGDALE, IL 60108
(630) 671-5650

ACCOUNT NUMBER: 93324010-00
SERVICE ADDRESS: 162 S BLOOMINGDALE RD

APPROVED 07/18/13
CHRISTOPHER WOSACHIO

TOTAL AMOUNT DUE ON OR BEFORE 06/25/2013
$77.83

AMOUNT PAID

© TMA MUNI-BILL 2012 ALL RIGHTS RESERVED
PLEASE DO NOT FOLD
VILLAGE OF BLOOMINGDALE

Water Service and Billing Inquiries
For questions about your water usage or bill amount call .............................................. 630-671-5650
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<th>Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>June 1, 2012</td>
<td>January 1, 2013</td>
<td>January 1, 2014</td>
</tr>
<tr>
<td><strong>Residential</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First 5,000 gallons bi-monthly or any portion thereof (minimum bill)</td>
<td>29.05</td>
<td>22.30</td>
<td>29.05</td>
</tr>
<tr>
<td>Next 19,000 gallons bi-monthly (per 1,000 gallons)</td>
<td>5.81</td>
<td>4.46</td>
<td>6.45</td>
</tr>
<tr>
<td>All over 24,000 gallons bi-monthly (per 1,000 gallons)</td>
<td>5.81</td>
<td>0.00</td>
<td>6.45</td>
</tr>
<tr>
<td><strong>Non Residential</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First 5,000 gallons bi-monthly or any portion thereof (minimum bill)</td>
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<td>22.30</td>
<td>37.05</td>
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<td>7.41</td>
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</table>

* For Additional Water/Sewer Rate information, please visit the Village website at www.VillageofBloomingdale.org or contact the Village at 630-671-5650.

Other Charges and Fees

- Security Deposit: $100.00 refundable deposit to establish service on a new account.
- Application Fee: $10.00 fee to establish a new account.
- Late Fee: 10% fee, based on most recent bill amount.
- Certified Letter Fee: $15.00 fee for past due notice requiring a certified letter.
- Red Tag Fee: $40.00 fee to physically place notice at subject property.
- Reconnection Fee: $60.00 fee to turn water service on after disconnection during office hours, Monday - Friday, otherwise $120.00 fee to turn water service on after disconnection.
- Returned Check Fee: $20.00 fee on all returned payments.
- Collection Agent Fee: 100% of collection agency fee.

Additional Billing Information

- Allow 7 days for mail delivery. Your bill is not considered paid until payment is received by the Village.
- Include your account number on your check. Include the remittance coupon with your payment.
- You may pay your bill electronically direct from your bank account. To obtain an enrollment form, contact Village Hall at 630-893-7000, or go to www.villageofbloomingdale.org. select Public Records A-Z, Utility Bill Electronic Payment Application.
- You may pay your bill by Visa or MasterCard, in-person or by telephone, by contacting the Village Hall at 630-893-7000.
- You may pay your bill by using the Payment Drop Box located in front of Village Hall.
- By Village ordinance, owners and tenants are jointly and severally responsible for the payment of utility bills.

Please Include This Remittance Coupon With Your Payment

**Pay By Mail:**
If you use the enclosed pre-addressed envelope, make the payment to:
Village of Bloomingdale
P.O. Box 4717
North Suburban, IL 60197-4717
Allow 7 days for mail delivery.
Include remittance coupon with payment.

**Pay in Person:**
The Village Hall
is located at:
201 S. Bloomingdale Rd
Bloomingdale, IL 60108

**Office Hours:**
Monday thru Friday 8:30 a.m. to 4:30 p.m.
Saturday 8:30am to 1:30pm (at the Police Dept.)

Make checks payable to Village of Bloomingdale.

You may pay your bill by Visa or MasterCard, in-person or by telephone, by contacting the Village Hall at 630-893-7000.
You may pay your bill by using our Payment Drop Box located in front of Village Hall.
If you are moving, you must call the Water Billing department at 630-671-5650 to schedule a Final Water Meter Reading.

26-142-03 01/13
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089450
Vendor Name: Wallcur, LLC.
Invoice Number: 311319
Invoice Date: 05/23/13
PO Number: 324926
Check Number: 124345
Check Amount: $ 256.96
Check Date: 07/25/2013
Department ID: 00125
Reviewer Name: None
Voucher Number: V0217472
Document Type: AP Invoice

Invoice Image Below
Wallcur, LLC  
7720 Clairemont Mesa Blvd.  
San Diego, CA 92111

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

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

<table>
<thead>
<tr>
<th>P.O. No.</th>
<th>Terms</th>
<th>Ship Date</th>
<th>Ship Via</th>
<th>Ordered By</th>
</tr>
</thead>
<tbody>
<tr>
<td>324926</td>
<td>Net 30</td>
<td>5/23/2013</td>
<td>UPS</td>
<td>Diane Gryglak</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Qty</th>
<th>Rate</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>403PV PRACTI-VIAL 10 ML VIAL. STERILE WATER. BOX OF 30.</td>
<td>2</td>
<td>52.95</td>
<td>105.90</td>
</tr>
<tr>
<td>407TU PRACTI-TUB PPD 2 ML VIAL. STERILE WATER. BOX OF 40.</td>
<td>2</td>
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<td>109.90</td>
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<td>906SD PRACTI-OPTIC DROPPER. SET OF 5.</td>
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<td>Subtotal</td>
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<td>16.21</td>
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</table>

If you are not satisfied with your purchase items must be returned within 30 days of invoice date. Any items that are discarded before Wallcur has had the opportunity to repair will not be replaced and will be charged in full. Please be advised that all items must be inspected upon receipt of order. To arrange a return please call 1-800-365-4331.

<table>
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<tr>
<th>Due Date</th>
<th>Sales Tax (0.0%)</th>
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<td>6/22/2013</td>
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Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1265494
Vendor Name: Welding Services, Inc.
Invoice Number: 7183
Invoice Date: 05/30/13
PO Number: 325041
Check Number: E0021417
Check Amount: $ 2,205.00
Check Date: 07/24/2013
Department ID: 00089
Reviewer Name: None
Voucher Number: V0217490
Document Type: AP Invoice

Invoice Image Below
INVOICE
7183
(Invoice No. 2 of 3)

Date: May 30, 2013

(SAME AS SOLD TO UNLESS OTHERWISE NOTED)

College of DuPage
Attention: Accounts Payable
425 Fawell Boulevard
Glen Ellyn, IL 60137

College of DuPage
Attention: Mr. Jim Filipak
425 Fawell Boulevard
Glen Ellyn, IL 60137

<table>
<thead>
<tr>
<th>Your order #</th>
<th>Our Order #</th>
<th>Salesman</th>
<th>Terms</th>
<th>Shipped Via</th>
<th>Prepaid</th>
<th>Collect</th>
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<td>Net 30 Days</td>
<td>WSI truck</td>
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<tr>
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<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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</thead>
<tbody>
<tr>
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<td>Weld-Lab: Plymouth Multidust Filter Cleaning</td>
<td>2,205.00</td>
<td>2,205.00</td>
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</tbody>
</table>

TOTAL
2,205.00

**APPROVED 07/16/13**

**KRISTINE FAY**
Invoice Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1265494
Vendor Name: Welding Services, Inc.
Invoice Number: 7182
Invoice Date: 06/19/13
PO Number: 325050
Check Number: E0021417
Check Amount: $ 796.50
Check Date: 07/24/2013
Department ID: 00009
Reviewer Name: None
Voucher Number: V0217489
Document Type: AP Invoice

Invoice Image Below
REMIT TO:
WELDING SERVICES INC.
P.O. BOX 997
OSWEGO, ILLINOIS 60543
Phone (630) 554-0208
FAX (630) 554-0209

INVOICE
7182
(Invoice No. 1 of 3)

College of DuPage
Attention: Accounts Payable
425 Fawell Boulevard
Glen Ellyn, IL 60137

College of DuPage
Attention: Mr. Jim Filippek
425 Fawell Boulevard
Glen Ellyn, IL 60137

(SAME AS SOLD TO UNLESS OTHERWISE NOTED)

<table>
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<tr>
<th>Your order #</th>
<th>Our Order #</th>
<th>Salesman</th>
<th>Terms</th>
<th>Shipped Via</th>
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<tr>
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<th>AMOUNT</th>
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<tbody>
<tr>
<td>ORDERED</td>
<td>Rooftop Construction Lab: Bagtron Filter Cleaner</td>
<td>796.50</td>
<td>796.50</td>
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<tr>
<td>SHIPPED</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL
796.50

 Seller represents that respect to the production of the articles and/or the performance of the services covered by this invoice, it has fully complied with the requirements of the Fair Labor Standards Act of 1938, as amended, including sec. 12A

APPROVED 07/16/13
KRISTINE FAY
Drawer: Accounts Payable - Invoices
Vendor Number: 1089521
Vendor Name: West Payment Center
Invoice Number: 827418668
Invoice Date: 06/04/13
PO Number: B0318034
Check Number: E0021030
Check Amount: $ 1,951.25
Check Date: 07/10/2013
Department ID: 15240
Reviewer Name: None
Voucher Number: V0218394
Document Type: AP Invoice

Invoice Image Below
From: hainesn@cod.edu
Sent: Thu Jun 27 09:49:08 CDT 2013
To: "Haines, Nancy " <hainesn@cod.edu>," invoicing@cod.edu "
 <invoicing@cod.edu>
CC:
Subject: Thomson Reuters

Please open the attached document. It was scanned and sent to
you using a Xerox WorkCentre.

Attachment File Type: PDF

WorkCentre Location: Library SRC3031
Device Name: lrc-ps2

For more information on Xerox products and solutions, please
visit http://www.xerox.com

[attachment: DOC.PDF]
SUBSCRIPTION INVOICE SUMMARY

To:

XLIBRARY OF DUPAGE LIBRARY
ANDING ORDERS B0318034
1117685
5 FAWELL BLVD RM 3040
EN ELyny IL 60137-6708

From:

Thomson Reuters - West
P.O. Box 64833
St. Paul, MN 55164-0833

Page 1 of 1

IMPORTANT NEWS
Thank you for your business.
For more information about Thomson Reuters - West, or to shop online visit west.thomson.com.

---

Customer Service: 1/800-328-4880
The reverse side for contact and payment information

<table>
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<tr>
<th>BILLING ACCOUNT #:</th>
<th>INVOICE NO:</th>
<th>INVOICE DATE:</th>
<th>BILLING PERIOD:</th>
<th>PAYMENT DUE:</th>
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<td>06/04/2013</td>
<td>MAY 05, 2013 - JUN 04, 2013</td>
<td>07/04/2013</td>
<td>1,951.25</td>
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<td>1,951.25 S</td>
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<tr>
<td>TOTAL INVOICE AMOUNT</td>
<td></td>
<td></td>
<td>1,951.25 T</td>
</tr>
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APPROVED 06/27/13
LISA STOCK

OK TO PAY 80318034 07/25/13

RETURN BOTTOM PORTION WITH PAYMENT - THANK YOU

INVOICE # 827418668
ACCOUNT # 1000348199
ENDOR # 41-1426973
AT REG # EU826006554
PAYMENT DUE 07/04/2013
AMOUNT DUE IN USD 1,951.25
AMOUNT ENCLOSED IN USD

Thomson Reuters - West
Payment Center
P.O. Box 6292
Carol Stream, IL 60197-6292

COLLEGE OF DUPAGE LIBRARY
STANDING ORDERS B0318034
101117685
425 FAWELL BLVD RM 3040
GLEN ELNY IL 60137-6708

0827418668 000000000000000000 02030604 ZCM 000195125 0010 1000348199 2
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<th>TOTAL INVOICE AMOUNT IN USD:</th>
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<tbody>
<tr>
<td>000348199</td>
<td>827418668</td>
<td>06/04/2013</td>
<td>MAY 05, 2013 - JUN 04, 2013</td>
<td>07/04/2013</td>
<td>1,951.25</td>
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</table>

### DISCOUNT PLAN CHARGES

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<th>NUMBER</th>
<th>DESCRIPTION</th>
<th>QTY</th>
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<td>6086467170 409079968</td>
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<td>FED ENV REAL EST DIG V1-V2 2013-1 PAM</td>
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<td>PO# 82018</td>
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<td>WestPack 50% Discount</td>
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| 5/15           | 6086464296 409138856     |        | IL DIG 2D V42A-43B (9 VOLS) | 1  | 307.00           |            | 307.00      |
|                |                          |        | PO# 82018 | 1  | 307.00           |            | 307.00      |
|                |                          |        | IL DIGEST 2D V42A RECORDS 50 TO REMOVAL OF CASES 25 | 1  | 307.00           |            | 307.00      |
|                |                          |        | WestPack 50% Discount | 1  | 307.00           |            | 307.00      |
|                |                          |        | IL DIGEST 2D V42B REMOVAL OF CASES 25 TO ROBBERY | 1  | 307.00           |            | 307.00      |
|                |                          |        | WestPack 50% Discount | 1  | 307.00           |            | 307.00      |
|                |                          |        | IL DIGEST 2D V42C SALES TO SCHOOLS 20 | 1  | 307.00           |            | 307.00      |
|                |                          |        | WestPack 50% Discount | 1  | 307.00           |            | 307.00      |
|                |                          |        | IL DIGEST 2D V42D SCHOOLS 21 TO 147.1 | 1  | 307.00           |            | 307.00      |
|                |                          |        | WestPack 50% Discount | 1  | 307.00           |            | 307.00      |
|                |                          |        | IL DIGEST 2D V43 SEARCHES AND SEIZURES 141 TO SECURED TRANSACTIONS 238 | 1  | 307.00           |            | 307.00      |
|                |                          |        | WestPack 50% Discount | 1  | 307.00           |            | 307.00      |
|                |                          |        | IL DIGEST 2D V43A SECURED TRANSACTIONS 239 TO SECURITIES REGULATION 130 | 1  | 307.00           |            | 307.00      |
|                |                          |        | WestPack 50% Discount | 1  | 307.00           |            | 307.00      |
|                |                          |        | IL DIGEST 2D V43B SECURITIES REGULATION 131 TO SENTENCING AND PUNISHMENT 54 | 1  | 307.00           |            | 307.00      |
|                |                          |        | WestPack 50% Discount | 1  | 307.00           |            | 307.00      |
|                |                          |        | IL DIGEST 2D V42E SCHOOLS 147.2 TO SEARCHES AND | 1  | 307.00           |            | 307.00      |
## Subscription Invoice Detail

<table>
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<th>INVOICE DATE</th>
<th>BILLING PERIOD:</th>
<th>PAYMENT DUE:</th>
<th>TOTAL INVOICE AMOUNT IN USD:</th>
</tr>
</thead>
<tbody>
<tr>
<td>000348199</td>
<td>827418668</td>
<td>06/04/2013</td>
<td>MAY 05, 2013 - JUN 04, 2013</td>
<td>07/04/2013</td>
<td>1,951.25</td>
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<th>DESCRIPTION</th>
<th>QTY</th>
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| 08/03 | 6086955638 | 409286899 | ILLINOIS DECISIONS V366 PO# 82018 WestPack 50% Discount | 1 | 366.00 | 0.00 | 366.00 |

| 08/01 | 6086643040 | 409368376 | IL CR S/F/FK V1-2A 2013 PAMS (3) PO# 82018 IL COURT RULES AND PROCEDURE STATE V.I 2013 PAMPHLET WestPack 50% Discount | 1 | 64.00 | 0.00 | 64.00 |
|       |           |           | IL COURT RULES AND PROCEDURE FED V.II 2013 PAMPHLET WestPack 50% Discount | 1 | 41.50 | 0.00 | 41.50 |
|       |           |           | IL COURT RULES AND PROCEDURE FEDERAL KEY RULES V.II A 2013 PAMPHLET WestPack 50% Discount | 1 | 39.00 | 0.00 | 39.00 |
|       |           |           | Subtotal | | 195.50 | 0.00 | 195.50 |

| 05/31 | 6086652517 | 409393441 | IL CR C/CK V3-3A 2013 PAMS (2) PO# 82018 IL COURT RULES AND PROCEDURE CIRCUIT COURTS V.III 2013 PAMPHLET WestPack 50% Discount | 1 | 104.00 | 0.00 | 104.00 |
|       |           |           | IL COURT RULES AND PROCEDURE CIRCUIT KEY RULES V.III A 2013 PAMPHLET WestPack 50% Discount | 1 | 86.00 | 0.00 | 86.00 |
|       |           |           | Subtotal | | 190.00 | 0.00 | 190.00 |

DISCOUNT PLAN CHARGES TOTAL: 1,951.25 T

Thank You
Drawer: Accounts Payable - Invoices
Vendor Number: 1339903
Vendor Name: Winsted Corp.
Invoice Number: 37192-00
Invoice Date: 06/06/13
PO Number: P0325529
Check Number: E0021032
Check Amount: $ 414.00
Check Date: 07/10/2013
Department ID: 00697
Reviewer Name: None
Voucher Number: V0216854
Document Type: AP Invoice

Invoice Image Below
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SALES TAX: 25.25

INVOICE TOTAL: 439.25

APPROVED 06/24/13
JOSEPH MULLIN
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<td>.00</td>
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<td>ADJUSTABLE ARM LCD POLE MOUNT</td>
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<td>10.00</td>
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</tr>
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</table>

**INVOICE TOTAL:** 439.25

**REMITTANCE COPY**
FROM: WINSTED CORPORATION
at: Minneapolis, Minnesota

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Bill of Lading.

ORDER # 37192-00
S COLLEGE OF DUPAGE
SHIP POLICE DEPARTMENT
425 FAWELL BLVD
GLEN ELlyn, IL 60137
T ATTN: RAY SNYDERS (630) 942-4277
PO# 325529

CUST ORDER# 325529 SLS TERMS SHIP VIA F.O.B.
10/1/x 2 NET 30 S/P PPD & ADD

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<th>LOC</th>
<th>ITEM #</th>
<th>DESCRIPTION</th>
<th>UN</th>
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<th>ORD.</th>
<th>QTY</th>
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<td>10.00</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

END OF ORDER - QUESTIONS? CALL CUSTOMER SERVICE AT 800-447-2257

If charges are to be prepaid, write or stamp here: "To be Prepaid."

PPD

Received $ to apply in prepayment of the charges on the property described herein.

Agent or Cashier Per
(The signature here acknowledges only the amount prepaid)

Charges Advanced: $___

† Shipper's Imprint in lieu of stamp, not a part of Bill of Lading approved by the Interstate Commerce Commission.

PERMANENT POST OFFICE ADDRESS OF SHIPPER,
WINSTED CORPORATION
10901 HAMPSHIRE AVE, S.
MINNEAPOLIS, MN 55438

SHIPPER, PER J. KIRSEBOM
AGENT, PER

* If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight.

** NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding $ per.

† The rates used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of the Consolidated Freight Classification.