

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1644076

Vendor Name: Premier Ophthalmic Services Inc

Check Details:

Check Number: E0108138

Check Amount: \$ 107.95

Check Date: 6/17/2025

Invoice Details:

Invoice Number: INV-142323

Invoice Date: 6/3/2025

PO Number: P0017831

Voucher Number: V0889390

Document Type: AP Invoice

Document Below

Premier Ophthalmic

22749 Citation Rd
Frankfort, Illinois 60423
(800) 597.7152 | PremierOp.com

INVOICE

Invoice# INV-142323

Balance Due
\$107.95

Bill To
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137 U.S.A

Invoice Date : 03 Jun 2025
Terms : Net 30
Due Date : 03 Jul 2025
Client PO : P0017831
Representative : Jack Grove

Ship To
College of DuPage
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6708

Item & Description	Qty	Rate	Amount
RE-230651 Reichert Ocu-Film (150 Individual Wrap) Tonopen Tip Covers	1	98.00	98.00
Shipping System Calculated Shipping, Handling & Insurance (\$9.95)	1	9.95	9.95
Sub Total			107.95
Total			\$107.95
Payment Made			(-) 0.00
Credits Applied			(-) 0.00
Balance Due			\$107.95

Notes

Thanks for your business.

Terms & Conditions

Payment is due upon receipt unless otherwise agreed in writing. Freight charges and relevant taxes at the appropriate rate will be applied where applicable.

Pricing offered includes a 3% cash discount and applies to payments made in cash or via check. An additional 3% will be added for payments made by credit card.

[External] Invoice - INV-142323 from Premier Ophthalmic - Pay Online

Premier Ophthalmic A/R <ar@premierop.com>

Tue, Jun 3, 2025 at 04:42 PM UTC

CC:

BCC:

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Dear College of DuPage,

Thank you for your business. Please find attached invoice INV-142323

[Click here to pay online now.](#)

- Note: **Zip Code must match the billing card**

Summary:

Invoice # INV-142323

Invoice Date: 03 Jun 2025

Due Date: 03 Jul 2025

Invoice Total: \$107.95

[Pay Balance Online Now](#)

- Note: **Zip Code must match the billing card**

If you have any questions please don't hesitate to contact us.

Premier Ophthalmic

Accounts Receivable

e: ar@PremierOp.com

p: (972) 497-3041 ext. 2914

a: 22749 Citation Road, Frankfort, IL 60423

w: PremierOp.com



1 attachment

INV-142323.pdf

