

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1438021

Vendor Name: Lakeshore Medical Resources, Inc

Check Details:

Check Number: E0108117

Check Amount: \$ 2,074.00

Check Date: 6/17/2025

Invoice Details:

Invoice Number: 060325

Invoice Date: 6/3/2025

PO Number: P0017737

Voucher Number: V0889201

Document Type: AP Invoice

Document Below

LAKESHORE MEDICAL RESOURCES, INC.

1231 Golf View Drive
Woodridge, IL 60517

Invoice

Date	Invoice #
6/3/2025	060325

Bill To
College of DuPage Accounts Payable 425 Fawell Blvd. Glen Ellyn, IL 60137

		PO NUMBER	Terms	System ID#	FSR#
		P0017737	Net 60		
Date	Quantity	Description	Hours	Rate	Amount
6/3/2025	3	Annual Preventive Maintenance Labor - PM three ultrasound units Philips Epiq Elite Ser: US921B1432 GE Logiq E9 Ser: LE9201111US5 GE Logiq E10 Ser: 500116US9	Misc.	525.00	1,575.00
			Total	\$1,575.00	

*Thank you for your business. For Billing Questions,
please call 630-910-0609 or Fax# 630-910-9590.
A \$25.00 fee will be charged for all returned checks.
A 2% fee will be added to all invoices over 30 days.*

"edlakeshoremed@aol.com" <edlakeshoremed@aol.com>

[External] Invoice 060325

"edlakeshoremed@aol.com" <edlakeshoremed@aol.com>

Wed, Jun 4, 2025 at 04:04 PM UTC

CC: edlakeshoremed <edlakeshoremed@aol.com>

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.

Jessica

Please process attached invoice for payment, thank you

1 attachment

CODInvoice_20250603_0001.pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1438021

Vendor Name: Lakeshore Medical Resources, Inc

Check Details:

Check Number: E0108117

Check Amount: \$ 2,074.00

Check Date: 6/17/2025

Invoice Details:

Invoice Number: 060425

Invoice Date: 6/4/2025

PO Number: NULL

Voucher Number: V0889289

Document Type: AP Invoice

Document Below

LAKESHORE MEDICAL RESOURCES, INC.

1231 Golf View Drive
Woodridge, IL 60517

Invoice

Date	Invoice #
6/4/2025	060425

Bill To
College of DuPage Accounts Payable 425 Fawell Blvd. Glen Ellyn, IL 60137

GL#01-10-00157-5304001

		PO NUMBER	Terms	System ID#	FSR#
			Net 60		
Date	Quantity	Description	Hours	Rate	Amount
6/4/2025	1	Annual Preventive Maintenance Labor - PM (1) additional ultrasound unit Philips Epiq Elite Ser: US221B1159	Misc.	499.00	499.00
			Total	\$499.00	

*Thank you for your business. For Billing Questions,
please call 630-910-0609 or Fax# 630-910-9590.
A \$25.00 fee will be charged for all returned checks.
A 2% fee will be added to all invoices over 30 days.*

"Lang, Jessica" <langj@cod.edu>

Lakeshore Medical INV#060425 \$499.00

"Lang, Jessica" <langj@cod.edu>

Wed, Jun 4, 2025 at 04:33 PM UTC

CC:

BCC:

Jessica Lang

Program Support and Admissions Specialist, Health Sciences

College of DuPage | 425 Fawell Blvd | Glen Ellyn, IL 60137

630.942.2447 Direct | 630.942.8331 Office | 630.942.4222 Fax

langj@cod.edu

1 attachment

Lakeshore Medical INV#060425 \$499.00 - sent to AP 6.4.25.pdf