

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1695896

**Vendor Name:** Nationwide Imaging Services Inc, dba MXR Imaging Inc

**Check Details:**

**Check Number:** E0107870

**Check Amount:** \$ 1,727.50

**Check Date:** 6/3/2025

**Invoice Details:**

**Invoice Number:** 121463

**Invoice Date:** 5/23/2025

**PO Number:** P0017413

**Voucher Number:** V0887040

**Document Type:** AP Invoice

---

**Document Below**

MXR Imaging  
 4233 West Hillsboro Boulevard, #970010  
 Coconut Creek, FL 33097  
 ServiceAR@mxrimaging.com  
 Tel: 954-596-4945

# Invoice



Date	Invoice #
5/23/2025	121463

Bill To :
College of DuPage 425 Fawell Blvd Glen Ellyn, IL 60137

Ship To :
College of DuPage 425 Fawell Blvd Glen Ellyn, IL 60137

P.O. No.	Terms	Due Date	Ship Date	Ship Via	Contract
017413	Net 30	6/22/2025	3/17/2025		101953

Item	Description	Qty	Rate	Amount
	CT MXR - 101953 - 2007 GE BrightSpeed 16 Corrective Service			
	Date of Service 3/17/25			
	BIOS Errors			
CT T&M Sales - ...	Labor	4.50	295.00	1,327.50
CT T&M Sales - ...	Travel	2.00	200.00	400.00
	WO 36063 - Case 19175			

<b>NEW REMITTANCE :</b> <b>MXR Imaging PO Box 776062 Chicago, IL 60677</b> <b>WIRE PAYMENT :</b> <b>CIBC Acct # 2413949 Routing # 071006486</b>	<b>Subtotal</b>	\$1,727.50
	<b>Sales Tax (8.25%)</b>	\$0.00
	<b>Payments/Credits</b>	\$0.00
	<b>Balance Due</b>	\$1,727.50

Parts Sales & Exchange:  
 \* Exchange - A like and repairable part to be received within 15 days from original shipment date.  
 \* Restock - Must be received within 15 days and is subject to 25-30% charge.  
 \* Warranty - 30 days unless specified.  
 Resale/Exemption Certificates must be received within 30 days from invoice date.

"Gonzalez, Colleen" <prolac@cod.edu>

---

**FW: [External] Invoice 121463 from MXR Imaging, Inc.**

---

"Gonzalez, Colleen" <prolac@cod.edu>

Tue, May 27, 2025 at 03:22 PM UTC

CC:

BCC:

---

**From:** Felice Clark <Felice.Clark@mxrimaging.com>  
**Sent:** Friday, May 23, 2025 12:30 PM  
**To:** Gonzalez, Colleen <prolac@cod.edu>  
**Cc:** Clinical Requirements <clinicalrequirements@cod.edu>  
**Subject:** [External] Invoice 121463 from MXR Imaging, Inc.

**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.

MXR Imaging,  
Inc.

**Invoice** *Due:06/22/2025*  
121463

Amount Due: **\$1,727.50**

Dear Customer:

Your invoice-121463 for 1,727.50 is attached. Please remit payment at your earliest convenience.

REMITTANCE

MXR Imaging  
PO Box 776062  
Chicago IL 60677

Thank you for your business - we appreciate it very much.

Sincerely

MXR Imaging, Inc.  
954-596-4945

legally privileged. If you have received this email in error, please notify the sender by reply email, and delete the message. Any disclosure, copying, distribution or use of this communication by someone other than the intended recipient is prohibited.

---

**1 attachment**

Inv\_121463\_from\_MXR\_Imaging\_Inc.\_20552.pdf