

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1512676

**Vendor Name:** Sue Franzen

**Check Details:**

**Check Number:** E0108001

**Check Amount:** \$ 4,662.00

**Check Date:** 6/10/2025

**Invoice Details:**

**Invoice Number:** BE35002699A

**Invoice Date:** 5/20/2025

**PO Number:** P0017043

**Voucher Number:** V0887236

**Document Type:** AP Invoice

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**Document Below**



## Original Bill

Bill Number BE35002699A

Bill Date 5/20/2025

Due Date 5/20/2025

Terms

Sales Order SE35002699

Sales Person Sue Franzen

**Proforma Premiums**

Telephone: 630-844-3147

Email: [sue.franzen@proforma.com](mailto:sue.franzen@proforma.com)**Sold To**

Mia Schumann  
College of DuPage  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
Phone: 630-942-2800  
[schumannm192@cod.edu](mailto:schumannm192@cod.edu)

**Shipped To**

College of DuPage  
Mia Schumann  
Rec #P0017043  
425 Favell Blvd.  
Glen Ellyn, IL 60137

**Customer PO: P0017043****Customer Reference: EMT, Fire, Paramedic items**

Item #	Item Description	QTY Billed	QTY Ordered	Back Order	Unit Price	Per	Credit	Amount
Stylus Pens	Cell phone holder/stylus pens Green with white imprint - 500 pieces Red with black imprint - 500 pieces	1,000	1,000	0	0.5400	Each	-	\$540.00
ink change	ink change charge	1	1	0	10.0000	Each	-	\$10.00
Lanyards	Lanyards with lobster claw attachment Green with white imprint	300	300	0	1.3500	Each	-	\$405.00
Lanyards	Lanyards with lobster claw attachment Red with black imprint	300	300	0	1.3500	Each	-	\$405.00
repeat set-up	repeat set-up charge	1	1	0	25.0000	Each	-	\$25.00
Patches	Embroidered Patches 3 different designs 300 of each	900	900	0	1.3500	Each	-	\$1,215.00
Line-Item Total	Freight Amount	Tax Amount	Sub Total	Deposits	Credits/Discounts	Amount Due:		
\$2,600.00	\$407.00	-	\$3,007.00	-	-	\$3,007.00 USD		

Bills 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. Vendor 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 bill that Vendor's damages, if any, shall be limited to the total selling price of any item purchased.

Please indicate on your remittance the bill numbers to which the payment is to be applied.

**Thank you for your business!**

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Please detach this portion and return with your payment.

**Remittance Advice**

Billed Customer #	Bill Number	Bill Date	Amount Due
C0E3500193	BE35002699A	5/20/2025	\$3,007.00 USD

**BILL TO:**

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

**PLEASE SEND PAYMENT TO:**

Proforma  
P.O. Box 640814  
Cincinnati, OH 45264-0814

Sue Franzen <sue.franzen@proforma.com>

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**[External] Purchase Order P0017043 - Bill #BE35002699A from Proforma Premiums**

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Sue Franzen <sue.franzen@proforma.com>

Tue, May 20, 2025 at 03:02 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.

Attached is the following bill(s):

Customer Bill: BE35002699A | 3007.00 USD | 5/20/2025 | PO #: P0017043

Please let me know if you have any questions or need additional information.

Thank you very much for your business.

Sue Franzen  
Owner  
(630) 844-3147  
Proforma Premiums  
<http://www.proforma.com/premiums>

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**1 attachment**

Customer\_Bill\_BE35002699A.pdf

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1512676

**Vendor Name:** Sue Franzen

**Check Details:**

**Check Number:** E0108001

**Check Amount:** \$ 4,662.00

**Check Date:** 6/10/2025

**Invoice Details:**

**Invoice Number:** BE35002696A

**Invoice Date:** 5/28/2025

**PO Number:** P0017021

**Voucher Number:** V0887526

**Document Type:** AP Invoice

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**Document Below**



## Original Bill

Bill Number BE35002696A

Bill Date 5/28/2025

**Due Date 7/26/2025**

Terms Net 60

Sales Order SE35002696

Sales Person Sue Franzen

**Proforma Premiums**

Telephone: 630-844-3147

Email: [sue.franzen@proforma.com](mailto:sue.franzen@proforma.com)**Sold To**

Susan Maloney  
College of DuPage  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
Phone: 630-942-2674  
[maloneys@cod.edu](mailto:maloneys@cod.edu)

**Shipped To**

College of DuPage  
Susan Maloney  
Rec #P0017021  
425 Fawell Blvd.  
Glen Ellyn, IL 60137

**Customer PO: P0017021****Customer Reference: Wallets, Nail files, Pencil stress, Key**

Item #	Item Description	QTY Billed	QTY Ordered	Back Order	Unit Price	Per	Credit	Amount
Phone Wallet	Phone Wallet One color imprint Lime green Black imprint	300	300	0	0.9000	Each	-	\$270.00
set-up	set-up charge	1	1	0	59.0000	Each	-	\$59.00
Nail File	Nail file in sleeve One color imprint Lime green Imprint in white	500	500	0	0.6500	Each	-	\$325.00
set-up	set-up charge	1	1	0	50.0000	Each	-	\$50.00
pencil stress	Pencil Shaped Stress Ball One color imprint in black	300	300	0	1.3500	Each	-	\$405.00
set-up	set-up charge	1	1	0	59.0000	Each	-	\$59.00
Keylight Rectangle	Key light Rectangle Black White imprint	300	300	0	0.9500	Each	-	\$285.00
set-up	set-up charge	1	1	0	50.0000	Each	-	\$50.00
Line-Item Total	Freight Amount	Tax Amount	Sub Total	Deposits	Credits/Discounts	<b>Amount Due:</b>		
\$1,503.00	\$152.00	-	\$1,655.00	-	-	<b>\$1,655.00 USD</b>		

Bills 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. Vendor 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 bill that Vendor's damages, if any, shall be limited to the total selling price of any item purchased.

Please indicate on your remittance the bill numbers to which the payment is to be applied.

**Thank you for your business!**

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Please detach this portion and return with your payment.

**Remittance Advice**

Billed Customer #	Bill Number	Bill Date	Amount Due
C0E3500193	BE35002696A	5/28/2025	\$1,655.00 USD

**BILL TO:**

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

**PLEASE SEND PAYMENT TO:**

Proforma  
P.O. Box 640814  
Cincinnati, OH 45264-0814

Sue Franzen <sue.franzen@proforma.com>

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**[External] Purchase Order P0017021 - Bill #BE35002696A from Proforma Premiums**

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Sue Franzen <sue.franzen@proforma.com>

Wed, May 28, 2025 at 04:01 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.

Attached is the following bill(s):

Customer Bill: BE35002696A | 1655.00 USD | 5/28/2025 | PO #: P0017021

Please let me know if you have any questions or need additional information.

Thank you very much for your business.

Sue Franzen  
Owner  
(630) 844-3147  
Proforma Premiums  
<http://www.proforma.com/premiums>

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**1 attachment**

Customer\_Bill\_BE35002696A.pdf