

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1298946

Vendor Name: 4IMPRINT, Inc.

Check Details:

Check Number: E0109635

Check Amount: \$ 2,321.35

Check Date: 9/23/2025

Invoice Details:

Invoice Number: 14260262

Invoice Date: 9/10/2025

PO Number: P0019234

Voucher Number: V0900427

Document Type: AP Invoice

Document Below



101 Commerce St
PO Box 320
Oshkosh, WI 54901

www.4imprint.com

877-446-7746

800-355-5043

ACCOUNTS PAYABLE DEPT - SRC2049
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

Shipping Address

Susan Maloney
College of DuPage
425 FAWELL BLVD
SRC 2102
PO #P0019234
GLEN ELLYN, IL 60137-6708
USA
Tel: 6309422238

Invoice Number 14260262

Invoice Date September 10, 2025

Reference No P0019234

Account No. 554894

Account Rep. Avery Juedes

Our Order No. 30120100

| Item | | Hang In There Lanyard - 40" | Colors | (Lanyard,Trim): Burgundy, Black | | |
|------|---------------|-----------------------------|---------|---------------------------------|----------|--|
| Qty | Item # | Description | Unit \$ | Price \$ | Total \$ | |
| 200 | 110303-40 | Hang In There Lanyard - 40" | 1.5600 | 312.00 | 312.00 | |
| 1 | Set-Up Charge | Set-Up Charge | 55.0000 | 55.00 | 55.00 | |
| | | Freight | | 17.37 | 17.37 | |
| | | | | | 384.37 | |

Total Net 384.37

Total Tax 0.00

Grand Total 384.37

Total Due 384.37

Please ensure that payment is received by Oct 10 2025.

Thank You! We appreciate your business.

Any overruns you may have received are yours with our compliments.

- To ensure proper credit to your account, please quote "14260262/554894" on your check or remittance.
- If you are not satisfied with your order, please call 1-800-300-0764. All claims must be made within 5 days of receipt.
- Any questions regarding your invoice? Please call 1-800-982-8979. Our terms are Net 30.
- Please make checks payable to 4imprint, Inc.

4imprint Federal ID #39-1837105, GSA Contract # GS-07F-9626S. A Late Payment Charge based on maximum annual percentage allowed by your state law will be applied to this balance owed under this invoice when the invoice becomes past due. The purchaser agrees to pay all of the company's reasonable attorney's fees and any collection agency fees incurred in the collection of any amount owed hereunder and not paid when due. Purchaser agrees to pay any sales or use tax. No credit will be issued for returned merchandise without our consent. This invoice is a conditional acceptance by the seller of the buyer's offer to purchase seller's goods. It may contain terms which differ from or add to those contained in the buyer's purchase order, and to the extent that this is the case, the seller hereby expressly conditions its acceptance of the buyer's offer on the buyer's assent to the additional or different terms. The buyer's receipt and retention of the goods covered by this invoice constitutes acceptance of any such additional or different terms. The buyer and seller agree that any contract hereby entered into has been made and is to be construed according to our State Law.

To Pay Your Invoice Online Please Visit:

www.4imprint.com/payinvoice

To Remit By Check:

4imprint, Inc.

25303 Network Place

Chicago, IL 60673-1253

Christina Kasper <ckasper@4imprint.com>

[External] 4imprint:RE: Invoice 14260262

Christina Kasper <ckasper@4imprint.com>

Wed, Sep 17, 2025 at 04:28 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.

Hello,

Attached you will find the most recent invoice billed to your account with 4imprint. If there is any additional paperwork I can provide you with, please call or email.

Your continued business is appreciated!

Christina Kasper, Accounting Customer Care Associate

ckasper@4Imprint.com

Fax:800-355-5043

www.4imprint.com

1 attachment

Invoice_14260262.pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1298946

Vendor Name: 4IMPRINT, Inc.

Check Details:

Check Number: E0109635

Check Amount: \$ 2,321.35

Check Date: 9/23/2025

Invoice Details:

Invoice Number: 14283632

Invoice Date: 9/16/2025

PO Number: P0019356

Voucher Number: V0900515

Document Type: AP Invoice

Document Below



101 Commerce St
PO Box 320
Oshkosh, WI 54901

www.4imprint.com

877-446-7746

800-355-5043

ACCOUNTS PAYABLE
COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137

Shipping Address

April Klopfenstein/ P0019356
College of DuPage
425 FAWELL BLVD
Shipping & Recieving
GLEN ELLYN, IL 60137-6708
USA
Tel: 630-942-4748

Invoice Number 14283632

Account No. 6159183

Invoice Date September 16, 2025

Account Rep. Stacey Tauschek

Reference No P0019356

Our Order No. 30115966

| Item | | Bic Intensity Clic Gel Pen - Translucent | Colors | (Pen,Grip): Translucent Black, Frost | | |
|-------|--------|---|---------|--------------------------------------|----------|--|
| Qty | Item # | Description | Unit \$ | Price \$ | Total \$ | |
| 1,000 | 3421-T | Bic Intensity Clic Gel Pen - Translucent | 1.8900 | 1,890.00 | 1,890.00 | |
| | | 1000 - Medium Point Black Ink : Translucent Black,Frost | 0.0000 | 0.00 | 0.00 | |
| | | Freight | | 46.98 | 46.98 | |
| | | | | | 1,936.98 | |

Total Net 1,936.98

Total Tax 0.00

Grand Total 1,936.98

Total Due 1,936.98

Please ensure that payment is received by Oct 16 2025.

Thank You! We appreciate your business.

Any overruns you may have received are yours with our compliments.

- To ensure proper credit to your account, please quote "14283632/6159183" on your check or remittance.
- If you are not satisfied with your order, please call 1-800-300-0764. All claims must be made within 5 days of receipt.
- Any questions regarding your invoice? Please call 1-800-982-8979. Our terms are Net 30.
- Please make checks payable to 4imprint, Inc.

4imprint Federal ID #39-1837105, GSA Contract # GS-07F-9626S. A Late Payment Charge based on maximum annual percentage allowed by your state law will be applied to this balance owed under this invoice when the invoice becomes past due. The purchaser agrees to pay all of the company's reasonable attorney's fees and any collection agency fees incurred in the collection of any amount owed hereunder and not paid when due. Purchaser agrees to pay any sales or use tax. No credit will be issued for returned merchandise without our consent. This invoice is a conditional acceptance by the seller of the buyer's offer to purchase seller's goods. It may contain terms which differ from or add to those contained in the buyer's purchase order, and to the extent that this is the case, the seller hereby expressly conditions its acceptance of the buyer's offer on the buyer's assent to the additional or different terms. The buyer's receipt and retention of the goods covered by this invoice constitutes acceptance of any such additional or different terms. The buyer and seller agree that any contract hereby entered into has been made and is to be construed according to our State Law.

To Pay Your Invoice Online Please Visit:

www.4imprint.com/payinvoice

To Remit By Check:

4imprint, Inc.

25303 Network Place

Chicago, IL 60673-1253

"Barrios, Isabel" <barriosi142@cod.edu>

Attached Image

"Barrios, Isabel" <barriosi142@cod.edu>

Fri, Sep 19, 2025 at 04:33 PM UTC

CC:

BCC:

1 attachment

0216_001.pdf