

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1087629 **Vendor Name:** POCKET NURSE

Check Details:

Check Number: E0110607 **Check Amount:** \$ 359.40 **Check Date:** 11/18/2025

Invoice Details:

Invoice Number: 1472625-1 **Invoice Date:** 11/5/2025 **PO Number:** P0020261 **Voucher Number:** V0914127

Document Type: AP Invoice

Document Below



Pocket Nurse®

Simulation & Education Supplies

610 Frankfort Rd. Monaca, PA 15061

Bill to: College Of Dupage
425 Fawell Blvd
Glen Ellyn, IL 60137

Phone: (630) 942-2228
Ship to: College of DuPage
425 FAWELL BLVD
Shipping & Receiving
P0020261
GLEN ELLYN, IL 60137-6708

Phone: (630) 942-2229
Attn: Samantha Wirth

Invoice

Invoice Number : 1472625-1

Customer# : 011855

Invoice Date : 11/05/2025

Due Date : 12/05/2025

Ordered By : S Wirth

Entered By : Cindy Wiatrak

Account Manager : REGION 2

Terms : NET 30

Shipping Method : SMALL - Ground

Ship Acct# :

Customer PO : P0020261

To: Pocket Nurse

P.O Box 644898

Pittsburgh, PA 15264-4898

Tax ID : 25-1763055

All checks must reference invoice number
to be processed in a timely manner.

| Line | Order | Ship | B/O | U/M | Item # | Description | Price | Per | Extension |
|---|-------|------|-----|-----|------------|------------------------------|--------|-----|-----------|
| 0001 | 6 | 6 | 0 | EA | 06-93-1132 | Demo Dose® Atropin 10mL | 4.71 | EA | 28.26 |
| 0002 | 100 | 100 | 0 | EA | 06-93-3113 | DEMO-Vial 10mL | 2.96 | EA | 296.00 |
| Package Information: | | | | | | Tracking # | Weight | | |
| | | | | | | 480538817805 | 6.60 | | |
| | | | | | | | | | |
| All orders are subject to a service charge based on minimum merchandise totals. All orders paid by credit card will be subject to a 3% fee. Please view complete terms and conditions at www.pocketnurse.com/default/terms_and_conditions/ | | | | | | | | | |
| | | | | | | | | | |

SubTotal 324.26

Shipping & Handling 35.14

Customer Service - cs@pocketnurse.com or 1.800.225.1600, option 1.
Billing - accounting@pocketnurse.com or 1.800.225.1600, option 3.



Total 359.40

"jsalvati@pocketnurse.com" <jsalvati@pocketnurse.com>

[External] Invoice 1472625 for 011855 College Of Dupage

"jsalvati@pocketnurse.com" <jsalvati@pocketnurse.com>

Wed, Nov 5, 2025 at 08:03 PM UTC

CC:

BCC:

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See the Following attached Files:01472625-001

FOR OUR CUSTOMERS WHO PAY VIA ACH OR WIRE TRANSFER: IF YOU RECEIVE ANY EMAILS TELLING YOU TO CHANGE OUR BANKING INFORMATION FOR PAYMENT, PLEASE BE AWARE OF FRAUD! POCKET NURSE HAS NO INTENTION OF CHANGING OUR BANKING INFORMATION OR REMIT TO ADDRESS FOR THOSE WHO PAY BY CHECK. PLEASE CALL OUR ACCOUNTING OFFICE IF YOU RECEIVE ANY REQUEST TO CHANGE OUR BANKING INFORMATION. THANK YOU FOR YOUR VIGILANCE!

Please contact accounting@pocketnurse.com for billing questions or copies of invoices. You may also call us at 1-800-225-1600, option 3.

For questions regarding your order, please contact our customer service department at cs@pocketnurse.com or 1-800-225-1600, option 1.

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1 attachment

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