

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1512676 **Vendor Name:** Sue Franzen

Check Details:

Check Number: E0110496 **Check Amount:** \$ 1,625.77 **Check Date:** 11/11/2025

Invoice Details:

Invoice Number: BE35002894A **Invoice Date:** 11/10/2025 **PO Number:** P0020093 **Voucher Number:** V0913280

Document Type: AP Invoice

Document Below



Original Bill

Bill Number BE35002894A
Bill Date 11/10/2025
Due Date 1/8/2026
Terms Net 60
Sales Order SE35002894
Sales Person Sue Franzen

Proforma Premiums

Telephone: 630-844-3147
Email: sue.franzen@proforma.com

Sold To

Jennifer Butler
College of DuPage
425 Fawell Blvd.
Glen Ellyn, IL 60137
Phone: 630-942-3802
butlerj61@cod.edu

Shipped To

College of DuPage
Jennifer Butler
Rec #P0020093
425 Fawell Blvd.
Glen Ellyn, IL 60137

Customer PO: P0020093

Customer Reference: Gavel Stress Relievers

Item #	Item Description	QTY Billed	QTY Ordered	Back Order	Unit Price	Per	Credit	Amount
Gavel	Gavel Stress Reliever Imprint in black	500	500	0	2.9500	Each	-	\$1,475.00
set-up	set-up charge	1	1	0	40.0000	Each	-	\$40.00
Line-Item Total		Freight Amount		Tax Amount		Sub Total		Deposits
\$1,515.00		\$110.77		-		\$1,625.77		Credits/Discounts
								Amount Due:
								\$1,625.77 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!

Please detach this portion and return with your payment.

Remittance Advice

Billed Customer #	Bill Number	Bill Date	Amount Due
C0E3500193	BE35002894A	11/10/2025	\$1,625.77 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>

[External] Purchase Order P0020093 - Bill #BE35002894A from Proforma Premiums

Sue Franzen <sue.franzen@proforma.com>

Mon, Nov 10, 2025 at 10:12 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: BE35002894A | 1625.77 USD | 11/10/2025 | PO #: P0020093

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>

1 attachment

Customer_Bill_BE35002894A.pdf