

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087485  
Vendor Name: Medline Industries, Inc.  
Invoice Number: 1905698938  
Invoice Date: 03/25/20  
PO Number: P0369376  
Check Number: 0268349  
Check Amount: \$ 450.78  
Check Date: 06/10/2020  
Department ID: 00225  
Reviewer Name: Adrianna Costello  
Voucher Number: V0614625  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: CustomerInvoices@medline.com  
Sent: Wed Mar 25 05:26:30 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Medline Invoices 1070839  
-----

Attached are Medline invoice/s.



www.medline.com

**INVOICE**

Customer PO #	Invoice Date	Invoice #
369376	03/25/2020	1905698938

**Sold To:**

COLLEGE OF DU PAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

**Ship To:**

COLLEGE OF DU PAGE\*\*  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

**APPROVED****06/07/20 - KIRK OVERSTREET**

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3531		502011787		FEDEX GROUND		MEDLINE		1070839		USD		\$176.57	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #	UNIT PRICE		AMOUNT			

10	2.00	BX	2.00	DYNCS24340Z /CATHETER,IV,SURESITE SLIDE,24G X 3/4	TE	986867575	75.00	150.00
30	1.00	CS	1.00	EVSDL24327C /LINER,CLEAR,24X32,LIGHT,ROLL	TE	986867575	26.57	26.57

**GROSS**  
176.57

**TAX AMOUNT**  
0.00

**FREIGHT**  
0.00

**TOTAL**  
\$176.57

Eligible Gross Amount \$176.57

Discount amount \$1.77 if recd. by 04/04/20

\*\* Special Ship-To

\* Code

TE - Tax Exempt

C - Customer Freight

**INVOICE REVIEWED****OKAY TO PAY****ADRIANNA COSTELLO 06/01/20**

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS FOR SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION. (PH: 800-307-8386)

INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE.

MEDLINE INDUSTRIES, INC., INCLUDES MEDLINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED, CONTROLLED, SUBSIDIARY, MEDLINE INDUSTRIES HOLDING, L.P., A DELAWARE PARTNERSHIP, AND MEDICAL SALES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS APPLICABLE.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Kelly Schiel x7704778

**REMITTANCE**

**Bill To:**  
COLLEGE OF DU PAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

**Customer #** 1070839  
**Invoice #** 1905698938  
**Invoice Date** 03/25/2020  
**Sales Rep #** 3531  
**Payment Terms** 1% 10, Net 45  
**Amount Due** \$176.57

**Remit To:**  
Medline Industries, Inc.  
Dept CH 14400  
Palatine IL 60055-4400

AMOUNT PAID \$ \_\_\_\_\_

Detach and return this portion with your payment

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087485  
Vendor Name: Medline Industries, Inc.  
Invoice Number: 1910894645  
Invoice Date: 05/13/20  
PO Number: P0369556  
Check Number: 0268349  
Check Amount: \$ 450.78  
Check Date: 06/10/2020  
Department ID: 00141  
Reviewer Name: Adrianna Costello  
Voucher Number: V0622624  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: CustomerInvoices@medline.com  
Sent: Wed May 13 03:34:25 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Medline Invoices 1070839  
-----

Attached are Medline invoice/s.



www.medline.com

**INVOICE**

Customer PO #	Invoice Date	Invoice #
369556	05/13/2020	1910894645

**Sold To:**

COLLEGE OF DU PAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

**Ship To:**

COLLEGE OF DU PAGE\*\*  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

**APPROVED**  
**05/16/20 - DILYSS GALLYOT**

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3531		504154695		FEDEX GROUND		MEDLINE		1070839		USD		\$8.87	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT		

130 1.00 BX 1.00 NPKQ55172Z TE 8000843831 8.87 8.87  
/MBO-WIPE,GERMICDE,SANI-CLTH,6X6.7",160CT

<b>GROSS</b>	<b>TAX AMOUNT</b>	<b>FREIGHT</b>	<b>TOTAL</b>
8.87	0.00	0.00	\$8.87

Eligible Gross Amount \$8.87

Discount amount \$0.09 if recd. by 05/23/20

\*\* Special Ship-To

\* Code

TE - Tax Exempt

C - Customer Freight

**INVOICE REVIEWED****OKAY TO PAY****ADRIANNA COSTELLO 05/14/20**

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS FOR OBTAINING SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF THE INVOICE DATE OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION. (PH: 800-307-8386)

INTEREST WILL BE CHARGED AT THE RATE OF 5% PER MONTH ON PAID DUE BALANCE.

MEDLINE INDUSTRIES, INC. INCLUDES MEDLINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDLINE INDUSTRIES HOLDINGS, L.P., A DELAWARE PARTNERSHIP, AND MEDICAL SALES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS APPLICABLE.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Kelly Schiel x7704778

**REMITTANCE****Bill To:**

COLLEGE OF DU PAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

Customer # 1070839  
Invoice # 1910894645  
Invoice Date 05/13/2020  
Sales Rep # 3531  
Payment Terms 1% 10, Net 45  
Amount Due \$8.87

**Remit To:**

Medline Industries, Inc.  
Dept CH 14400  
Palatine IL 60055-4400

AMOUNT PAID \$ \_\_\_\_\_

Detach and return this portion with your payment

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087485  
Vendor Name: Medline Industries, Inc.  
Invoice Number: 1911202010  
Invoice Date: 05/15/20  
PO Number: P0369556  
Check Number: 0268349  
Check Amount: \$ 450.78  
Check Date: 06/10/2020  
Department ID: 00141  
Reviewer Name: Adrianna Costello  
Voucher Number: V0622665  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: CustomerInvoices@medline.com  
Sent: Fri May 15 02:53:57 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Medline Invoices 1070839  
-----

Attached are Medline invoice/s.





www.medline.com

# INVOICE

Customer PO #	Invoice Date	Invoice #
369556	05/15/2020	1911202010

**Sold To:**

COLLEGE OF DU PAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

**Ship To:**

COLLEGE OF DU PAGE\*\*  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

**APPROVED**  
**05/16/20 - DILYSS GALLYOT**

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3531		504154695		FEDEX GROUND		MEDLINE		1070839		USD		\$160.17	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT		

10	1.00	CS	1.00	RP88020	TE	8001122765	160.17	160.17
/MASK, RESPIRATOR, PROGEAR, REG								

<b>GROSS</b>	<b>TAX AMOUNT</b>	<b>FREIGHT</b>	<b>TOTAL</b>
160.17	0.00	0.00	\$160.17

Eligible Gross Amount \$160.17

Discount amount \$1.60 if recd. by 05/25/20

\*\* Special Ship-To

\* Code

TE - Tax Exempt

C - Customer Freight

## INVOICE REVIEWED

## OKAY TO PAY

**ADRIANNA COSTELLO 05/15/20**

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS, AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED. EXPORT PROHIBITED COUNTRIES: U.S. FEDERAL LAWS. NO RETURN WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION. 1-800-388-2147. INTEREST WILL BE CHARGED AT THE RATE OF 5% PER MONTH ON NET DUE BALANCE.

MEDLINE INDUSTRIES, INC. INCLUDES MEDLINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDLINE INDUSTRIES HOLDINGS, LP, A DELAWARE PARTNERSHIP, AND MEDICAL SALES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS APPLICABLE.

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Kelly Schiel x7704778

## REMITTANCE

**Bill To:**

COLLEGE OF DU PAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

Customer #	1070839
Invoice #	1911202010
Invoice Date	05/15/2020
Sales Rep #	3531
Payment Terms	1% 10, Net 45
Amount Due	\$160.17

**Remit To:**

Medline Industries, Inc.  
Dept CH 14400  
Palatine IL 60055-4400

AMOUNT PAID \$ \_\_\_\_\_

Detach and return this portion with your payment

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087485  
Vendor Name: Medline Industries, Inc.  
Invoice Number: 1911458082  
Invoice Date: 05/19/20  
PO Number: P0369688  
Check Number: 0268349  
Check Amount: \$ 450.78  
Check Date: 06/10/2020  
Department ID: 00141  
Reviewer Name: Adrianna Costello  
Voucher Number: V0622936  
Redaction Type: None  
Document Type: AP Invoice

Document Below

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From: CustomerInvoices@medline.com  
Sent: Tue May 19 03:04:47 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Medline Invoices 1070839  
-----

Attached are Medline invoice/s.



www.medline.com

**INVOICE**

Customer PO #	Invoice Date	Invoice #
369688	05/19/2020	1911458082

**Sold To:**

COLLEGE OF DU PAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

**Ship To:**

MELISSA RICHSON\*\*  
1031 S AHRENS AVE  
LOMBARD, IL 60148-4008

**APPROVED**  
**05/27/20 - KIRK OVERSTREET**

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3531		721005716		FEDEX GROUND		MEDLINE		1070839		USD		\$449.04	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #	UNIT PRICE		AMOUNT			

10	1.00	CS	1.00	CRI4000	TE	8001464433	16.31	16.31
				/GOWN,COVER,SPNBND,SIDE-NCK TIE,YEL,REG/L				
20	2.00	EA	2.00	HCSM70B	TE	8001464433	32.27	64.54
				/OXIMETER,PULSE,FINGERTIP,BASIC				
HCPCS Code #: E0445								
30	1.00	BX	1.00	MDS090735Z	TE	8001464433	2.60	2.60
				/PAD, PREP, ALCOHOL, STRL, MEDIUM, 2-PLY				
HCPCS Code #: A4245								
40	1.00	CS	1.00	MDS193074	TE	8001464433	37.49	37.49
				/GLOVE,EXAM,VINYL,ULTRA,PF,LF,SM				
HCPCS Code #: A4927								
50	2.00	CS	2.00	MDS193075	TE	8001464433	44.98	89.96
				/GLOVE,EXAM,VINYL,ULTRA,PF,LF,MD				
HCPCS Code #: A4927								
60	2.00	CS	2.00	MDS193076	TE	8001464433	44.07	88.14
				/GLOVE,EXAM,VINYL,ULTRA,PF,LF,LG				
HCPCS Code #: A4927								

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION.(PH: 800-307-8386)

INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE

MEDLINE INDUSTRIES, INC. INCLUDES MEDLINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDLINE INDUSTRIES HOLDINGS, LP, A DELAWARE PARTNERSHIP, AND MEDCAL SALES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS APPLICABLE

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Kelly Schiel x7704778

**REMITTANCE****Bill To:**

COLLEGE OF DU PAGE  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

**Customer #**

1070839

**Invoice #**

1911458082

**Invoice Date**

05/19/2020

**Sales Rep #**

3531

**Payment Terms**

1% 10, Net 45

**Amount Due**

\$449.04

**Remit To:**

Medline Industries, Inc.  
Dept CH 14400  
Palatine IL 60055-4400

**INVOICE REVIEWED****OKAY TO PAY**

Detach and return this portion with your payment

**ADRIANNA COSTELLO 05/19/20**



www.medline.com

# INVOICE

Customer PO #	Invoice Date	Invoice #
369688	05/19/2020	1911458082

**Ship To:**  
MELISSA ERICSON\*\*  
1031 S AHRENS AVE  
LOMBARD, IL 60148-4003

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
70	2.00	BX	2.00	DYNSCS24340Z /CATHETER,IV,SURESITE SLIDE,24G X 3/4	TE	8001464433	75.00	150.00

GROSS	TAX AMOUNT	FREIGHT	TOTAL
449.04	0.00	0.00	\$449.04

Eligible Gross Amount **\$449.04**

Discount amount **\$4.49** if recd. by **05/29/20**

\*\* Special Ship-To

\* Code

TE - Tax Exempt

C - Customer Freight



Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087485  
Vendor Name: Medline Industries, Inc.  
Invoice Number: 1907621983  
Invoice Date: 04/10/20  
PO Number: P0369376  
Check Number: 0268349  
Check Amount: \$ 450.78  
Check Date: 06/10/2020  
Department ID: 00225  
Reviewer Name: Adrianna Costello  
Voucher Number: V0624307  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: cruseb199@cod.edu  
Sent: Fri May 29 11:59:38 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Scanned from a Xerox Multifunction Device  
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Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device.  
Attachment File Type: pdf, Multi-Page Multifunction Printer Location: SRC-3 Device Name: Printer-266

[attachment: Scanned from a Xerox Multifunction Printer.pdf]



www.medline.com

ORIGINAL

## CREDIT MEMO

CUSTOMER PO #	CREDIT DATE	CREDIT #
369376/1905698938	04/10/2020	1907621983

**SOLD TO:**  
COLLEGE OF DU PAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

**SHIP TO:**  
COLLEGE OF DU PAGE \*\*  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

Page 1 of 1

SALES REP#	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT
3531	68801191		MEDLINE	1070839	USD	\$(26.57)

Line No.	Order Qty	U/M	Invoice Qty	Item No / Description	Code*	Delivery #	Unit Price	Amount
30	1.00	CS	1.00	EVSBL24327C /LINER,CLEAR,24X32,LIGHT,ROLL	TE		(26.57)	(26.57)

**APPROVED**  
**06/07/20 - KIRK OVERSTREET**

GROSS	TAX AMOUNT	FREIGHT	TOTAL
(26.57)	0.00	0.00	(26.57)

\*\*

\*\* Special Ship-To

\* Code  
TE Tax Exempt  
Customer Freight

**INVOICE REVIEWED**  
**OKAY TO PAY**

Billing Inquiries 1-800-388-2177 / P.O. Box 1000, Chicago, IL 60677-0001  
**ADRIANNA COSTELLO 06/01/20**



www.medline.com

REMIT TO:  
Medline Industries, Inc.  
Dept CH 14400  
Palatine, IL 60055-4400

Customer # 1070839  
Credit # 1907621983  
Credit Date 04/10/2020  
Sales Rep # 3531  
Payment Terms 1% 10, Net 45  
Amount \$(26.57)

**BILL TO:**

COLLEGE OF DU PAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

NO REMITTANCE REQUIRED

000107083919076219830410202000000026570000026570000026570000026575



Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087485  
Vendor Name: Medline Industries, Inc.  
Invoice Number: 1907189356  
Invoice Date: 04/07/20  
PO Number: P0369376  
Check Number: 0268349  
Check Amount: \$ 450.78  
Check Date: 06/10/2020  
Department ID: 00225  
Reviewer Name: Adrianna Costello  
Voucher Number: V0624308  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: cruseb199@cod.edu  
Sent: Fri May 29 11:59:25 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Scanned from a Xerox Multifunction Device  
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Attachment File Type: pdf, Multi-Page Multifunction Printer Location: SRC-3 Device Name: Printer-266

[attachment: Scanned from a Xerox Multifunction Printer.pdf]



www.medline.com

ORIGINAL

CREDIT MEMO

CUSTOMER PO #  
369376/1905698938CREDIT DATE  
04/07/2020CREDIT #  
1907189356

Page 1 of 1

## SOLD TO:

COLLEGE OF DU PAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

## SHIP TO:

COLLEGE OF DU PAGE \*\*  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599**APPROVED**  
**06/07/20 - KIRK OVERSTREET**

SALES REP#	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT
3531	68801191	MEDTRANS	MEDLINE	1070839	USD	\$(150.00)

Line No.	Order Qty	U/M	Invoice Qty	Item No / Description	Code*	Delivery #	Unit Price	Amount
10	2.00	BX	2.00	DYNCS24340Z /CATHETER, IV, SURESITE SLIDE, 24G X 3/4	TE	95669503	(75.00)	(150.00)
GROSS				TAX AMOUNT	FREIGHT		TOTAL	
(150.00)				0.00	0.00		(150.00)	

\*\* Special Ship-To

\* Code  
TE Tax Exempt  
C Customer Freight**INVOICE REVIEWED**  
**OKAY TO PAY**

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Kelly Schiel x7704778

000129P



www.medline.com

REMIT TO:  
Medline Industries, Inc.  
Dept CH 14400  
Palatine, IL 60055-4400Customer # 1070839  
Credit # 1907189356  
Credit Date 04/07/2020  
Sales Rep # 3531  
Payment Terms 1% 10, Net 45  
Amount \$(150.00)

## BILL TO:

COLLEGE OF DU PAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

NO REMITTANCE REQUIRED

000107083919071893560407202000000150000000150000000150000000150005

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087485  
Vendor Name: Medline Industries, Inc.  
Invoice Number: 1904244305  
Invoice Date: 03/11/20  
PO Number: P0369052  
Check Number: 0268349  
Check Amount: \$ 450.78  
Check Date: 06/10/2020  
Department ID: 00225  
Reviewer Name: Adrianna Costello  
Voucher Number: V0624310  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: cruseb199@cod.edu  
Sent: Fri May 29 11:51:04 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Scanned from a Xerox Multifunction Device  
-----

Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device.  
Attachment File Type: pdf, Multi-Page Multifunction Printer Location: SRC-3 Device Name: Printer-266

[attachment: Scanned from a Xerox Multifunction Printer.pdf]



www.medline.com

ORIGINAL

## CREDIT MEMO

CUSTOMER PO #	CREDIT DATE	CREDIT #
369052/1903561137	03/11/2020	1904244305

Page 1 of 1

SOLD TO:

COLLEGE OF DU PAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

SHIP TO:

COLLEGE OF DU PAGE \*\*  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

**APPROVED**  
**06/07/20 - KIRK OVERSTREET**

SALES REP#	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT
3531	68728518		MEDLINE	1070839	USD	\$(67.80)

Line No.	Order Qty	U/M	Invoice Qty	Item No / Description	Code*	Delivery #	Unit Price	Amount
40	1.00	CS	1.00	DYND74083 /KIT,IV START	TE		(67.80)	(67.80)
GROSS				TAX AMOUNT	FREIGHT	TOTAL		**
(67.80)				0.00	0.00	(67.80)		

\*\* Special Ship-To

\* Code

TE Tax Exempt  
C Customer Freight

**INVOICE REVIEWED**

**OKAY TO PAY**

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Kelly Schiel x7704778

000182P

**ADRIANNA COSTELLO 06/01/20**

www.medline.com

REMIT TO:  
Medline Industries, Inc.  
Dept CH 14400  
Palatine, IL 60055-4400

Customer #  
Credit #  
Credit Date  
Sales Rep #  
Payment Terms  
Amount

1070839  
1904244305  
03/11/2020  
3531  
1% 10, Net 45  
\$(67.80)

BILL TO:

COLLEGE OF DU PAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

NO REMITTANCE REQUIRED

000107083919042443050311202000000067800000067800000067800000067804

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087485  
Vendor Name: Medline Industries, Inc.  
Invoice Number: 1906937660  
Invoice Date: 04/04/20  
PO Number: P0369376  
Check Number: 0268349  
Check Amount: \$ 450.78  
Check Date: 06/10/2020  
Department ID: 00225  
Reviewer Name: Adrianna Costello  
Voucher Number: V0624311  
Redaction Type: None  
Document Type: AP Invoice

Document Below

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From: cruseb199@cod.edu  
Sent: Fri May 29 11:59:31 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Scanned from a Xerox Multifunction Device  
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ORIGINAL

# CREDIT MEMO

CUSTOMER PO # 369376/1905579199	CREDIT DATE 04/04/2020	CREDIT # 1906937660
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**SOLD TO:**  
COLLEGE OF DU PAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

**SHIP TO:**  
COLLEGE OF DU PAGE \*\*  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

Page 1 of 1

SALES REP# 3531	SALES ORDER # 68790848	CARRIER	FREIGHT TERMS MEDLINE	CUSTOMER # 1070839	CURRENCY USD	AMOUNT \$(99.50)
--------------------	---------------------------	---------	--------------------------	-----------------------	-----------------	---------------------

Line No.	Order Qty	U/M	Invoice Qty	Item No / Description	Code*	Delivery #	Unit Price	Amount
20	2.00	PR	2.00	SWD9529BZ /SLEEVE,EXPRESS,SCD,KNEE,MEDIUM	TE,C	95666625	(49.75)	(99.50)

**APPROVED**  
**06/07/20 - KIRK OVERSTREET**

GROSS (99.50)	TAX AMOUNT 0.00	FREIGHT 0.00	TOTAL (99.50)
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\*\*

\*\* Special Ship-To

**INVOICE REVIEWED**  
**OKAY TO PAY**

\* Code  
TE Tax Exempt  
C Customer Freight

**ADRIANNA COSTELLO 06/01/20**



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REMIT TO:  
Medline Industries, Inc.  
Dept CH 14400  
Palatine, IL 60055-4400

Customer # 1070839  
Credit # 1906937660  
Credit Date 04/04/2020  
Sales Rep # 3531  
Payment Terms 1% 10, Net 45  
Amount \$(99.50)

**BILL TO:**

COLLEGE OF DU PAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

NO REMITTANCE REQUIRED

000107083919069376600404202000000099500000099500000099500000099506