

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1179478  
Vendor Name: P&G Oral Health  
Invoice Number: 1104902865  
Invoice Date: 06/16/20  
PO Number: B0368129  
Check Number: 0269099  
Check Amount: \$ 663.21  
Check Date: 06/23/2020  
Department ID: 00153  
Reviewer Name: Jessica Lang  
Voucher Number: V0630348  
Redaction Type: None  
Document Type: AP Invoice

Document Below

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From: fiske@cod.edu  
Sent: Mon Jun 15 10:34:28 CDT 2020  
To: invoicing@cod.edu  
CC: langj@cod.edu  
Subject: oral b  
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Hi, Please process attached invoice.  
Thank you!  
Cindy Conley



# INVOICE

1 of 2

The Procter & Gamble Distributing LLC  
d/b/a P&G Oral Health  
24808 Network Place  
Chicago, IL 60673-1248  
Phone: 800-543-2577  
Fax: 800-201-1840

Customer Account No.: 2003012078  
Ref Account No.: 1569792  
Invoice No.: 1104902865  
Invoice Date: 06/16/2020  
Order No.: 2054066926  
Ref Order No.: 2000756564  
Customer P.O. No.: B0368129  
Due Date: 07/16/2020  
Terms: Net within 30 days - Cash in Bank

Bill To: 2003012078

COLLEGE OF DUPAGE  
425 FAWELL BLVD  
HSC ROOM 1122

CLEVELYN IL 60137-6708  
ATTN: SHIPPING & RECEIVING

Ship To: 2003012078

COLLEGE OF DUPAGE  
425 FAWELL BLVD  
HSC ROOM 1122

CLEVELYN IL 60137-6708  
ATTN: SHIPPING & RECEIVING

**APPROVED**

**06/17/20 - DILYSS GALLYOT**

Material	Description	UPC (Item)	Quantity	Unit Type	Price (\$)	Amount (\$)
80287946	IMP OB Complete DeepClean MTB 35sft 1 Case of 144 Items - Per Patient Price \$0.19	10068305629231	8	Case	\$ 27.00	\$ 216.00
80308696	CR PH GumDetoxify PST 0.85oz 1 Case of 36 Items	10037000753497	16	Case	\$ 0.00	\$ 0.00
80321498	CR PH Gum & Sens PST 0.85oz 1 Case of 36 Items 1152 IMP Oral B Imprint Brush Bundle with Paste	10037000903991	16	Case	\$ 0.00	\$ 0.00
80300990	OB PH Clinical BatteryBrush 1 Case of 12 Items	10069055854904	3	Case	\$ 97.09	\$ 291.27
80293578	CR 3DWhite GlamWht RNS 946ml 1 Case of 6 Items	10037000089879	6	Case	\$ 25.99	\$ 155.94

**INVOICE REVIEWED**

PLEASE RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT

TO THE REMITTANCE ADDRESS NOTED BELOW

\*\* SEE BACK FOR OUR PRODUCT RETURN POLICY \*\*

\*\*\* YOU WILL NOT RECEIVE A STATEMENT. PLEASE USE THIS REMITTANCE SLIP. \*\*\*

**OKAY TO PAY**

**JESSICA LANG 06/17/20**



Customer Account No.: 2003012078

Invoice No.: 1104902865

Due Date: 07/16/2020

Total Amount (\$) \$ 663.21

REMITTANCE ADDRESS:

P&G Oral Health  
24808 Network Place  
Chicago, IL 60673-1248

Payment Amount: \_\_\_\_\_

Check in Bank by Due Date

Please make check payable to Procter and Gamble Distributing Company and include invoice number on your check.

Thank you for recommending Crest pastes and Oral-B electric and manual brushes.



Invoice No.: 1104902865

Sub Total (\$)	663.21
Freight (\$)	0.00
Sales Tax (\$)	0.00
Total Amount (\$)	663.21