

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1085910  
Vendor Name: Henry Schein  
Invoice Number: 78295611  
Invoice Date: 06/12/20  
PO Number: P0369917  
Check Number: 0270888  
Check Amount: \$ 4,848.46  
Check Date: 07/14/2020  
Department ID: 00277  
Reviewer Name: Colleen Gonzalez  
Voucher Number: V0631459  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: cruseb199@cod.edu  
Sent: Wed Jun 24 11:56:32 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]



Corporate Office  
135 Duryea Road  
Melville, NY 11747  
Address Service Requested

Customer Service  
1-800-472-4346

# INVOICE

|              |   |                        |
|--------------|---|------------------------|
| Invoice #    | : | 78295611               |
| Invoice Date | : | 06/12/20               |
| Amount       | : | 167.01                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/12/20               |

Page 1 of 2

Bill To:

Ship To / Sold To:

2274 1 MB 0.439 E0140X I027 D6250425031 S2 P7452763 0001:0001

College Of Dupage

425 Fawell Blvd

Glen Ellyn IL 601376599



**APPROVED**

COLLEGE OF DUPAGE  
Attn: Accounts Payable SFC 213  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

**06/25/20 - DILYSS GALLYOT**

|            |   |         |           |   |                          |            |   |          |
|------------|---|---------|-----------|---|--------------------------|------------|---|----------|
| Cust #     | : | 3136679 | Ship Date | : | 06/12/20                 | Sls Ord #  | : | 90327157 |
| Cust P O # | : | 369917  | Ship Via  | : | UPS Chicago Special Sort | Sls Ord Dt | : | 06/10/20 |
|            |   |         |           |   |                          | Sls Rep    | : | C405     |

| Item #  | Ship | BO | UOM     | Description                          | Unit Price | Amount | Tax Status |
|---------|------|----|---------|--------------------------------------|------------|--------|------------|
| 9870287 | 1    | 0  | 30/Bx   | E-Z Scrub Brush w/PCMX Deluxe        | 20.1600    | 20.16  |            |
| 6850137 | 1    | 0  | 50Pr/Bx | Gammex PF SynPI MicroSurg Whi Size 7 | 146.0000   | 146.00 |            |

Deliver To: Anna Campbell,HSC 1220

This order has been processed by our Henry Schein, Inc, Midwest Dist Center, 5315 W 74th St Bldg 138, Indianapolis, IN 462685135

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.

No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total 166.16

Tax 0.00

Shipping and/or Handling 0.85

**Total Amount 167.01**

**INVOICE REVIEWED**

**OKAY TO PAY**

**COLLEEN GONZALEZ 06/24/20**

Tax ID # 3136679-0001 INS # 01-2-0880

Remittance Section



010000313667978295611110000000000167010612203

|              |   |                        |
|--------------|---|------------------------|
| Cust #       | : | 3136679                |
| Invoice #    | : | 78295611               |
| Invoice Date | : | 06/12/20               |
| Amount       | : | 167.01                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/12/20               |

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

0001:0001

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1085910

Vendor Name: Henry Schein

Invoice Number: 77735717

Invoice Date: 06/01/20

PO Number: P0369763

Check Number: 0270888

Check Amount: \$ 4,848.46

Check Date: 07/14/2020

Department ID: 00277

Reviewer Name:

Voucher Number: V0631465

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

-----  
From: cruseb199@cod.edu  
Sent: Wed Jun 24 11:10:18 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]



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Address Service Requested

Customer Service  
1-800-472-4346

# INVOICE

|              |   |                        |
|--------------|---|------------------------|
| Invoice #    | : | 77735717               |
| Invoice Date | : | 06/01/20               |
| Amount       | : | 167.01                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/01/20               |

Page 1 of 2

Bill To:

**3 WAY MATCH**

2331 MR 0439 F0159X I0315 D6224385225 S2 P7436917 0001:0002



COLLEGE OF DUPAGE  
Attn: Accounts Payable SRC 2132  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

Ship To / Sold To:

College Of Dupage  
425 Fawell Blvd  
Glen Ellyn IL 601376599

|            |   |         |           |   |                          |            |   |          |
|------------|---|---------|-----------|---|--------------------------|------------|---|----------|
| Cust #     | : | 3136679 | Ship Date | : | 06/01/20                 | Sls Ord #  | : | 89747644 |
| Cust P O # | : | 369763  | Ship Via  | : | UPS Chicago Special Sort | Sls Ord Dt | : | 05/28/20 |
|            |   |         |           |   |                          | Sls Rep    | : | C405     |

| Item #   | Ship | BO | UOM     | Description   | Unit Price | Amount                   | Tax Status |
|--|------|----|---------|---|------------|--------------------------|------------|
| 9870287  | 1    | 0  | 30/Bx   | E-Z Scrub Brush w/PCMX Deluxe<br>.Go to your online a                         | 20.1600    | 20.16                    |            |
|  |      |    |         | ccount to retrieve this SDS, 105X476 - If you cannot access online options or |            |                          |            |
|  |      |    |         | to opt out of electronic SDS call (800) 472-4346.                             |            |                          |            |
| 6850137  | 1    | 0  | 50Pr/Bx | Gammex PF SynPI MicroSurg Whi Size 7  | 146.0000   | 146.00                   |            |
| Deliver To: Anna Campbell, HSC 1220  |      |    |         |   |            |                          |            |
| This order has been processed by our Henry Schein, Inc. Midwest Dist Center, 5315 W 74th St Bldg 138, Indianapolis, IN 462685135 |      |    |         |   |            |                          |            |
| Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.                                  |      |    |         |   |            |                          |            |
| No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.         |      |    |         |   |            |                          |            |
|  |      |    |         |   |            | Sub-Total                | 166.16     |
|  |      |    |         |   |            | Tax                      | 0.00       |
|  |      |    |         |   |            | Shipping and/or Handling | 0.85       |
|  |      |    |         |   |            | Total Amount             | 167.01     |

Tax ID # 11-3136595

DUNS # 01-243-0880

Remittance Section



010000313667977735717110000000000167010601205

|              |   |                        |
|--------------|---|------------------------|
| Cust #       | : | 3136679                |
| Invoice #    | : | 77735717               |
| Invoice Date | : | 06/01/20               |
| Amount       | : | 167.01                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/01/20               |

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1085910  
Vendor Name: Henry Schein  
Invoice Number: 77881593  
Invoice Date: 06/02/20  
PO Number: B0369780  
Check Number: 0270888  
Check Amount: \$ 4,848.46  
Check Date: 07/14/2020  
Department ID: 00157  
Reviewer Name: Jessica Lang  
Voucher Number: V0631466  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: cruseb199@cod.edu  
Sent: Wed Jun 24 11:10:13 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]





Corporate Office  
135 Duryea Road  
Melville, NY 11747  
Address Service Requested

Customer Service  
1-800-472-4346

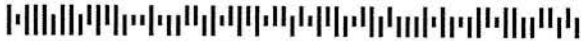
# INVOICE

|              |   |                        |
|--------------|---|------------------------|
| Invoice #    | : | 77881593               |
| Invoice Date | : | 06/02/20               |
| Amount       | : | 629.34                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/02/20               |

Page 1 of 2

Bill To:

2331 1 MB 0.439 E0159 I0316 D6224385227 S2 P7436917 0002:0002



COLLEGE OF DUPAGE  
Attn: Accounts Payable SRC 2132  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

Ship To / Sold To:

College Of Dupage  
425 Fawell Blvd  
Glen Ellyn IL 601376599

|            |   |         |           |   |                                |            |   |          |
|------------|---|---------|-----------|---|--------------------------------|------------|---|----------|
| Cust #     | : | 3136679 | Ship Date | : | 06/02/20                       | Sls Ord #  | : | 89887788 |
| Cust P O # | : | 369780  | Ship Via  | : | UPS Lancaster/Harrisburg Zone4 | Sls Ord Dt | : | 06/01/20 |
|            |   |         |           |   |                                | Sls Rep    | : | C405     |

| Item #  | Ship  | BO | UOM    | Description                       | Unit Price | Amount | Tax Status |
|---------|---|----|--------|-----------------------------------|------------|--------|------------|
| 1381506 | 3   | 0  | 10/Bg  | Isolation Gown PET AAMI 1 L Blue  | 38.5000    | 115.50 |            |
|         | THIS PRODUCT IS BEING SHIPPED FROM OUR NORTHEAST DISTRIBUTION CENTER. |    |        |                                   |            |        |            |
| 1047799 | 3   | 0  | 50/Bx  | HSI Earloop Mask L2 Blue          | 12.5000    | 37.50  |            |
|         | THIS PRODUCT IS BEING SHIPPED FROM OUR SOUTHEAST DISTRIBUTION CENTER. |    |        |                                   |            |        |            |
| 1381793 | 1   | 0  | 100/Ca | MED Face Shield 8" Disposable 8"  | 359.9900   | 359.99 |            |
| 1381507 | 3   | 0  | 10/Bg  | Isolation Gown PET AAMI 1 XL Blue | 38.5000    | 115.50 |            |
|         | THIS PRODUCT IS BEING SHIPPED FROM OUR SOUTHEAST DISTRIBUTION CENTER. |    |        |                                   |            |        |            |

Attn: Jessica Lang

This order has been processed by our Henry Schein, Inc. Midwest Dist Center, 5315 W 74th St Bldg 138, Indianapolis, IN 462685135

Northeast Distribution Center, 41 WEAVER ROAD, DENVER, PA 17517

Southeast Distribution Center, 8691 JESSE B SMITH CT, JACKSONVILLE, FL 32219, LICENSE #: 22:01315

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.

No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total 628.49

Tax 0.00

Shipping and/or Handling 0.85

Total Amount 629.34

# INVOICE REVIEWED

# OKAY TO PAY

# JESSICA LANG 06/24/20

Tax ID # 11-3136595

Remittance Section

# APPROVED

# 06/25/20 - DILYSS GAL

010000313667977881593110000000000629340602200

|              |   |                        |
|--------------|---|------------------------|
| Cust #       | : | 3136679                |
| Invoice #    | : | 77881593               |
| Invoice Date | : | 06/02/20               |
| Amount       | : | 629.34                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/02/20               |

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

0002:0002

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1085910  
Vendor Name: Henry Schein  
Invoice Number: 78275024  
Invoice Date: 06/19/20  
PO Number: B0365302  
Check Number: 0270888  
Check Amount: \$ 4,848.46  
Check Date: 07/14/2020  
Department ID: 00153  
Reviewer Name: Jessica Lang  
Voucher Number: V0631590  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: fiske@cod.edu  
Sent: Thu Jun 25 13:16:03 CDT 2020  
To: invoicing@cod.edu  
CC: langj@cod.edu  
Subject: HENRY SCHEIN  
-----

Please pay attached invoice



# INVOICE

010000231029778275024110000000000858630619209

College Of DuPage  
425 Fawell Blvd  
Attn: Accounts Payable - Cindy Fisk  
Glen Ellyn, IL 60137-6708

**Ship/Sold-To: 837747**  
Coll Of DuPage-Dental Hygiene  
425 Fawell Blvd Rm 1122  
Dr Edward Chavez  
Glen Ellyn, IL 60137-6599

**Bill-To: 2310297**  
College Of DuPage  
425 Fawell Blvd  
Attn: Accounts Payable - Cindy Fisk  
Glen Ellyn, IL 60137-6708

|                               |                          |   |                                  |
|-------------------------------|--------------------------|---|----------------------------------|
| Invoice#<br>78275024          | Invoice Date<br>06/19/20 | Due Date<br>07/19/20                    | Invoice Total<br><b>\$858.63</b> |
| Purchase Order#<br>BO 365 302 |                          | Payment Terms<br>Invoice Date + 30 days |                                  |
| Customer DEA#                 |                          | Customer State Reg#                     |                                  |
| HSI Federal ID#<br>11-3136595 |                          | HSI D&B#<br>01-243-0880                 |                                  |

| LINE NO. | ITEM CODE | UNIT SIZE | DESCRIPTION  | QTY ORDERED | QTY SHIPPED | CODES       | UNIT PRICE | EXT. PRICE | BOX NO. | SHIP FROM |
|----------|-----------|-----------|--|-------------|-------------|-------------|------------|------------|---------|-----------|
| 1        | 624-0055  | EA        | <b>Sm10 Emer Medical Kit Adult</b><br>DIRECT SHIPMENT FROM THE MANUFACTURER<br>NDC: 51662-7102-1/51662-7102-01<br>SEE TERMS OF SALE FOR (DSCSA) COMPLIANCE MESSAGE DETAILS<br>* SPECIAL SCHEIN PRICE REDUCTION * | 1           | 1           | P M DM \$ * | 855.89     | 855.89     |         |           |

**INVOICE REVIEWED**  
**OKAY TO PAY**  
**JESSICA LANG 06/26/20**  
**APPROVED**

MECH DISCOTA  
FEH CHARGE  
INVOICE TOTAL  
**\$855.89**  
**\$2.74**  
**\$858.63**

Please refer to back of paperwork for Terms of Sale and disclosures or go to  
<https://www.henryschein.com/us-en/specialmarkets/10241-us-sps>. See terms and conditions incorporated herein by reference.

**06/26/20 - DILYSS GALLYOT**  
Thank you for your order!

|                           |                               |                             |                                 |                                  |   |
|---------------------------|-------------------------------|-----------------------------|---------------------------------|----------------------------------|---|
| <b>Ship To#</b><br>837747 | <b>Bill To#</b><br>2310297    | <b>Invoice#</b><br>78275024 | <b>Invoice Date</b><br>06/19/20 | <b>Invoice Total</b><br>\$858.63 | <b>CODE STATUS KEY</b><br>\$-Special Schein Pricing<br>B-Backordered; Item will follow<br>C-Case Good Item<br>D-Discontinued; Item no longer available<br>F-Special Offer<br>M-Item will ship directly from manufacturer<br>NC-No Charge<br>P-Prescription Drug; Return Authorization Required<br>*-Item has Safety Data Sheet (SDS)<br>R-Refrigerated Item; May be shipped separately<br>SK-School Kit<br>SM-Shipped from Multiple Buildings<br>T-Taxable Item<br>U-Temporarily Unavailable; please reorder<br>W-Warranty Item<br>WH, MN, M2, DM-DSCSA CODES |
| <b>Order#</b><br>90300921 | <b>Order Date</b><br>06/10/20 | <b># of Boxes</b>           | <b>PO#</b><br>BO 365 302        |                                  |   |



# Terms of Sale

## THE HENRY SCHEIN PRICE POLICY:

We endeavor to maintain prices for the duration of a catalog, but we reserve the right to make price adjustments in response to manufacturers' price increases or extraordinary circumstances. Prices are subject to change without notice.

Henry Schein, Inc. ("Henry Schein") and customer agree that the terms and conditions hereinafter set forth shall govern the relationship between Henry Schein and the customer to the extent that the parties do not have a written agreement in effect that conflicts with such terms and conditions. Customer acknowledges and accepts all such terms and conditions by placing an order for goods with Henry Schein, and upon Henry Schein's delivery of the order to the customer.

## Choose Your Payment Method

Reduce the cost and administration of paying Henry Schein—

**Pay electronically (ACH Debit) or set up AutoPay.** Please call Customer Service for details.

For your convenience, we provide several payment alternatives. Orders billed to your account may be paid by ACH Debit, Check by Phone, or Check. If you prefer, you may use your Henry Schein Credit Card, American Express, Visa, MasterCard or Discover Card when placing your order. All sales are subject to our normal terms and conditions.

**Unless otherwise instructed, check payments must be mailed to: Henry Schein, Inc.**  
• Dept. CH 10241 • Palatine, IL 60055-0241

All sales are subject to credit approval. Invoices are payable within agreed terms of sale.

## Open Accounts Receivable:

All unpaid accounts receivable past due are subject to a 1.5% finance charge.

## DELIVERY TERMS:

Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America).

Except as noted below, title passes at the time the shipment is loaded at the shipper's dock.

**California:** For all shipments of goods to customers located within California, title will pass upon receipt of goods by California customers.

**Continental U.S.:** All orders will be subject to a handling charge. This charge includes freight, except for additional carrier charges related to special delivery services and hazardous material shipments. Special orders are subject to additional freight charges.

**Alaska, Hawaii & Pacific Protectorates:** Standard shipping methods provide direct, reduced cost, expedited air delivery service to all accounts in Alaska and Hawaii. Customers in the Pacific Protectorates are offered direct surface transport, or postal services for reliable delivery. No additional surcharges apply, except when special services are requested. Low-level hazardous items (dangerous goods in accepted quantities and Consumer Commodity ID 8000) are now available via UPS 2nd-day air.

**Guam, Puerto Rico, U.S. Trust Territories & Virgin Islands:** • All orders will be subject to a handling charge. This charge includes freight through the United States Postal Service (USPS). • Special delivery orders and hazardous material shipments can be shipped via United Parcel Service (UPS) for an additional charge. No minimum order amount or weight applies. Speak to your International Representative for details.

**Outside U.S. (50 States):** If your order is being shipped outside the U.S. (50 states), please refer to the International Terms & Conditions at [henryschein.com](http://henryschein.com). Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Title passes at the time the shipment is loaded at the shipper's dock. Customer is responsible for compliance with any applicable import requirements.

## RX PRODUCTS & CONTROLLED SUBSTANCES:

• Regulations require us to limit the sale of Rx and controlled substances only to registered, licensed healthcare professionals. If you are a new customer or have recently moved, please furnish us with a copy of your updated state and federal registrations verifying your shipping address. Please note that all orders for controlled substances are subject to a due diligence review process. Schedule II controlled substances can be ordered electronically or by mail. For more information on our Controlled Substance Ordering System please visit [www.henryschein.com/e222](http://www.henryschein.com/e222); if you prefer to continue using Federal 222 Forms to order Schedule II controlled substances, mail the form to: Henry Schein, Inc. 5315 West 74th Street • Indianapolis, IN 46268

• Henry Schein restricts the sale or other transfer of medications to prisons/correctional facilities for use in lethal injections, based on our manufacturer agreements. The goods Henry Schein sells are intended to be used for their label-approved purposes or applicable standards of care, which do not include human lethal injection.

## REGULATORY REQUIREMENTS:

Local regulatory requirements may apply to use or installation of certain products. Be sure to understand and comply with any such requirements prior to purchase, use, or installation of products.

## THE DRUG SUPPLY CHAIN SECURITY ACT (DSCSA):

(MN, DM, WH, M2) The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.HenrySchein.com/pedigree](http://www.HenrySchein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail or email, please contact our customer service department at 1-800-472-4346.

## RETURNS:

WE CANNOT ACCEPT ANY RETURNS WITHOUT PRIOR AUTHORIZATION.

To arrange for a return, simply call our Customer Service department or contact your Sales Consultant.

The following conditions must be complied with:

• All returns must be accompanied by a copy of your invoice and a reason for the return • Merchandise must be returned in its original container, unmarked, and properly packaged • Returned products must have been purchased within the previous thirty (30) days. Any returns past thirty (30) days are subject to a restocking fee • Shortages or errors in shipments must be reported within seven (7) days of invoice date to issue credit (if applicable) • Shipping charges will apply on all returns

## DISCOUNTS, REBATES AND DISCLOSURES:

Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

## Exceptions:

The following special, customized, or government-regulated items are not returnable:

• Opened handpieces, small equipment, and custom-ordered equipment • Special order items (products that we do not ordinarily stock) • Personalized and imprinted items • Opened computer hardware and software • Hazardous/flammable materials • Expired products • Items that cannot be returned to the manufacturer • Any item marked non-returnable • Items required to be shipped and stored frozen • Any drop-shipped products

## Prescription Drug Returns:

Please note that, in order to comply with Federal and State traceability requirements, prescription drugs may be returned providing that the following key elements are met:

- 1) Returns of prescription drugs will only be accepted if Henry Schein is notified within 30 calendar days of shipment date and valid return authorization is issued by Henry Schein.
- 2) The Prescription Drug Marketing Act requires any customer returning prescription drugs to complete and return a Prescription Drug Return Authorization form. Federal law requires that the healthcare entity returning prescription drugs document that the product was kept under proper storage and handling conditions while in their possession and during the return of the product. To get a copy of the form and proper return authorization, please contact Customer Service.
- 3) In addition, traceability regulations require that the healthcare entity returning prescription drugs certifies that the product being returned is the same exact product purchased from HSI.
- 4) Henry Schein will not issue credit for any returned prescription drugs which return was not authorized as provided herein, have been tampered with or where the labeling has been altered in any way.

## INSTITUTIONAL, GOVERNMENT & CORPORATE ACCOUNTS:

Terms of Sale follow the same guidelines unless denoted differently in a contract. When applicable, freight is calculated by the weight. There is no minimum order; however, there is a nominal handling charge on orders under \$125. Some offers and promotions outlined in this catalog may not apply. Requests for bids and proposals may be sent to:

Henry Schein, Inc. • Bid Department—E255 • 135 Duryea Rd. • Melville, NY 11747

## INTERNATIONAL ORDERS:

We proudly serve healthcare professionals, governments, and dealers throughout the world. To place orders or for inquiries on export terms and conditions please contact the International Department (USA) by phone 1-631-843-5325, fax: 1-631-843-5676, or send us an e-mail at: [export@henryschein.com](mailto:export@henryschein.com).

**RETURNS:** A return authorization number must be received prior to returning any merchandise.

Returned products must have been purchased within the previous thirty (30) days.

**ARBITRATION.** All Claims related to or arising under or relating to this Agreement are to be exclusively and finally determined by binding arbitration in the state of New York, or another location mutually agreeable to the parties. Any and all Claims must be arbitrated on an individual basis, and there shall be no right or authority for any Claims or disputes to be arbitrated on a class action or collective basis. For avoidance of doubt, each party irrevocably waives any right to: (i) have any Claim resolved in connection with any class action or collective action, or (ii) recover any damages or relief directly or indirectly as part of any class action or collective action. The arbitration shall be conducted on a confidential basis pursuant to the Commercial Arbitration Rules of the American Arbitration Association, or if applicable, under its Procedures for Large, Complex Commercial Disputes. Any decision or award as a result of any such arbitration proceeding shall be in writing and shall provide an explanation for all conclusions of law and fact and shall include the assessment of costs, expenses and reasonable attorneys' fees. Any such arbitration shall be conducted by an arbitrator experienced in the disputed subject matter and shall include a written record of the arbitration hearing. The parties reserve the right to object to any individual who shall be or has been at any time employed by or affiliated with a competing organization or entity. An award of arbitration may be confirmed in a court of competent jurisdiction. To the extent that any Claim or dispute is determined to not be subject to arbitration, all other Claims or disputes that would otherwise be subject to arbitration must be arbitrated. As used in this Agreement, "Claims" shall mean any and all liabilities, disputes and expenses whatsoever including, without limitation, claims, adversary proceedings (whether before a court, administrative agency or any other tribunal), damages (whether compensatory, multiple, exemplary or punitive), judgments, awards, penalties, settlements, investigations, costs, responses to subpoenas or other governmental directives and reasonable attorneys' fees and disbursements with respect to any claims that may be sustained, suffered or incurred by a Party hereto.

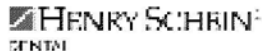
## WARRANTIES:

Henry Schein will pass through to the customer, at the time of sale, any transferable product warranties, indemnities and remedies provided to Henry Schein by the applicable manufacturer. EXCEPT AS OTHERWISE PROVIDED HEREIN, TO THE EXTENT PERMITTED BY LAW, HENRY SCHEIN PROVIDES NO WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY, FITNESS FOR PARTICULAR PURPOSE OR NON-INFRINGEMENT, AND THE CUSTOMER SHALL LOOK TO THE MANUFACTURER OF THE PRODUCT FOR ANY WARRANTY THEREON.

## LIMITATION OF LIABILITY:

THE CUSTOMER AGREES TO LOOK SOLELY TO THE MANUFACTURER OF THE PRODUCT FOR ANY CLAIM ARISING DUE TO LOSS, INJURY, DAMAGE OR DEATH RELATED TO THE USE OR SALE OF PRODUCTS. HENRY SCHEIN SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL, PUNITIVE, SPECIAL OR CONSEQUENTIAL DAMAGES INCLUDING, BUT NOT LIMITED TO, LOST PROFITS AND LOSS OF GOODWILL, ARISING FROM OR RELATING TO ANY BREACH TO THIS AGREEMENT (OR ANY DUTY OF COMMON LAW, AND WHETHER OR NOT OCCASIONED BY THE NEGLIGENCE OF HENRY SCHEIN OR ITS AFFILIATES), REGARDLESS OF ANY NOTICE OF THE POSSIBILITY OF SUCH DAMAGES.

## Telephone Hotlines...We're here, ready to help you



### To Place An Order:

1-800-372-4346 8am–8pm, et

### To Fax An Order:

1-800-732-7023 24 Hours

### Customer Service:

1-800-472-4346 8am-8:30pm, et

Equipment Sales & Service  
eCommerce Technical Support  
Dental Schools  
Financial Services

1-800-645-6594  
1-800-711-6032 8am–8pm, et  
1-800-851-0400 8am–8pm, et  
1-800-443-2756 8am–6pm, et

Institutional/Federal  
Product Technical Support  
Premium Point Information  
ProRepair

1-800-851-0400 8am–8pm, et  
1-800-372-4346 8am–8pm, et  
1-800-472-4346 8am–4:30pm, et  
1-800-367-3674 8am–7pm, et

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1085910  
Vendor Name: Henry Schein  
Invoice Number: 78845223  
Invoice Date: 06/26/20  
PO Number: B0365302  
Check Number: 0270888  
Check Amount: \$ 4,848.46  
Check Date: 07/14/2020  
Department ID: 00153  
Reviewer Name: Jessica Lang  
Voucher Number: V0631713  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: fiskc@cod.edu  
Sent: Mon Jun 29 06:47:12 CDT 2020  
To: invoicing@cod.edu  
CC: langj@cod.edu  
Subject: henry schain  
-----

Please pay attached invoice



# INVOICE

**Ship/Sold-To: 837747**  
Coll Of DuPage-Dental Hygiene  
425 Fawell Blvd Rm 1122  
Dr Edward Chavez  
Glen Ellyn, IL 60137-6599

010000231029778845223110000000000417480626209

**Bill-To: 2310297**  
College Of DuPage  
425 Fawell Blvd  
Attn: Accounts Payable - Cindy Fisk  
Glen Ellyn, IL 60137-6708

College Of DuPage  
425 Fawell Blvd  
Attn: Accounts Payable - Cindy Fisk  
Glen Ellyn, IL 60137-6708

**APPROVED**  
**06/29/20 - DILYSS GALLIOT**

|                               |                          |   |                           |
|-------------------------------|--------------------------|---|---------------------------|
| Invoice#<br>78845223          | Invoice Date<br>06/26/20 | Due Date<br>07/26/20                    | Invoice Total<br>\$417.48 |
| Purchase Order#<br>BO 365 302 |                          | Payment Terms<br>Invoice Date + 30 days |                           |
| Customer DEA#                 |                          | Customer State Reg#                     |                           |
| HSI Federal ID#<br>11-3136595 |                          | HSI D&B#<br>01-243-0880                 |                           |

| LINE NO. | ITEM CODE | UNIT SIZE | DESCRIPTION   | QTY ORDERED | QTY SHIPPED | CODES | UNIT PRICE | EXT. PRICE | BOX NO. | SHIP FROM |
|----------|-----------|-----------|---|-------------|-------------|-------|------------|------------|---------|-----------|
| 1        | 101-4405  | 4/CA      | Automatic A Developer Only<br>ESTIMATED DELIVERY DATE: 06/25/20<br>** SPECIAL CONTRACT PRICE **<br>CASE GOOD ITEM, MAY BE SHIPPED SEPARATELY. | 1           | 1           | C *   | 39.54      | 39.54      | 2       | PA        |
| 2        | 101-7957  | 4/CA      | Automatic B Fixer<br>ESTIMATED DELIVERY DATE: 06/25/20<br>** SPECIAL CONTRACT PRICE **<br>CASE GOOD ITEM, MAY BE SHIPPED SEPARATELY.          | 1           | 1           | C *   | 41.15      | 41.15      | 3       | PA        |
| 3        | 112-5333  | 150/BX    | FX-57 Vinyl Packet Size 2 2 Film<br>** SPECIAL CONTRACT PRICE **  | 5           | 5           |       | 56.41      | 282.05     | 1       | IN        |
| 4        | 698-6016  | 6/CA      | Peri-Pro Developer & Fixer 3 Quarts<br>** SPECIAL CONTRACT PRICE **   | 1           | 1           | *     | 52.00      | 52.00      | 1       | IN        |

MERCHANDISE TOTAL \$414.74  
INSURANCE AND/OR FREIGHT \$2.74  
INVOICE TOTAL \$417.48

**INVOICE REVIEWED**

Please refer to back of paperwork for Terms of Sale and disclosures or go to  
<https://www.henryschein.com/us-en/specialmarkets/legal/terms.aspx>. See terms and conditions herein by reference.

**OKAY TO PAY**

|                    |                        |                      |                          |                           |  |   |
|--------------------|------------------------|----------------------|--------------------------|---------------------------|--|---|
| Ship To#<br>837747 | Bill To#<br>2310297    | Invoice#<br>78845223 | Invoice Date<br>06/26/20 | Invoice Total<br>\$417.48 | Special Shipment<br>B-Recorded; Return will follow<br>C-Case Good Item<br>D-Discontinued; Item no longer available<br>F-Special Offer<br>M-Item will ship directly from manufacturer<br>NC-No Charge<br>P-Prescription Drug; Return Authorization Required | Comments<br>* - Item has Safety Data Sheet (SDS)<br>R - Refrigerated Item; May be shipped separately<br>S - Stock Kit<br>SM - Shipped from Multiple Buildings<br>T - Taxable Item<br>U - Temporarily Unavailable; please reorder<br>W - Warranty Item<br>WH, MN, MZ, DM - DSCSA CODES |
| Order#<br>90881642 | Order Date<br>06/23/20 | # of Boxes<br>3      | PO#<br>BO 365 302        |                           |  |   |

**Distribution Names/Address**

PA: 41 Weaver Rd, Denver, PA 17517  
DEA#: RH0236667 State Reg#: 8000000663  
Chem. Reg#: 006573HNY

IN: 5315 W 74th St, Indianapolis, IN 46268  
DEA#: RH0162494 State Reg#: 48001176A  
Chem. Reg#: 006574HNY



# Terms of Sale

## THE HENRY SCHEIN PRICE POLICY:

We endeavor to maintain prices for the duration of a catalog, but we reserve the right to make price adjustments in response to manufacturers' price increases or extraordinary circumstances. Prices are subject to change without notice.

Henry Schein, Inc. ("Henry Schein") and customer agree that the terms and conditions hereinafter set forth shall govern the relationship between Henry Schein and the customer to the extent that the parties do not have a written agreement in effect that conflicts with such terms and conditions. Customer acknowledges and accepts all such terms and conditions by placing an order for goods with Henry Schein, and upon Henry Schein's delivery of the order to the customer.

## Choose Your Payment Method

Reduce the cost and administration of paying Henry Schein—

**Pay electronically (ACH Debit) or set up AutoPay. Please call Customer Service for details.**

For your convenience, we provide several payment alternatives. Orders billed to your account may be paid by ACH Debit, Check by Phone, or Check. If you prefer, you may use your Henry Schein Credit Card, American Express, Visa, MasterCard or Discover Card when placing your order. All sales are subject to our normal terms and conditions.

**Unless otherwise instructed, check payments must be mailed to: Henry Schein, Inc.  
• Dept. CH 10241 • Palatine, IL 60055-0241**

All sales are subject to credit approval. Invoices are payable within agreed terms of sale.

## Open Accounts Receivable:

All unpaid accounts receivable past due are subject to a 1.5% finance charge.

## DELIVERY TERMS:

Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America).

Except as noted below, title passes at the time the shipment is loaded at the shipper's dock.

**California:** For all shipments of goods to customers located within California, title will pass upon receipt of goods by California customers.

**Continental U.S.:** All orders will be subject to a handling charge. This charge includes freight, except for additional carrier charges related to special delivery services and hazardous material shipments. Special orders are subject to additional freight charges.

**Alaska, Hawaii & Pacific Protectorates:** Standard shipping methods provide direct, reduced cost, expedited air delivery service to all accounts in Alaska and Hawaii. Customers in the Pacific Protectorates are offered direct surface transport, or postal services for reliable delivery. No additional surcharges apply, except when special services are requested. Low-level hazardous items (dangerous goods in accepted quantities and Consumer Commodity ID 8000) are now available via UPS 2nd-day air.

**Guam, Puerto Rico, U.S. Trust Territories & Virgin Islands:** • All orders will be subject to a handling charge. This charge includes freight through the United States Postal Service (USPS). • Special delivery orders and hazardous material shipments can be shipped via United Parcel Service (UPS) for an additional charge. No minimum order amount or weight applies. Speak to your International Representative for details.

**Outside U.S. (50 States):** If your order is being shipped outside the U.S. (50 states), please refer to the International Terms & Conditions at [henryschein.com](http://henryschein.com). Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Title passes at the time the shipment is loaded at the shipper's dock. Customer is responsible for compliance with any applicable import requirements.

## RX PRODUCTS & CONTROLLED SUBSTANCES:

• Regulations require us to limit the sale of Rx and controlled substances only to registered, licensed healthcare professionals. If you are a new customer or have recently moved, please furnish us with a copy of your updated state and federal registrations verifying your shipping address. Please note that all orders for controlled substances are subject to a due diligence review process. Schedule II controlled substances can be ordered electronically or by mail. For more information on our Controlled Substance Ordering System please visit [www.henryschein.com/e222](http://www.henryschein.com/e222); if you prefer to continue using Federal 222 Forms to order Schedule II controlled substances, mail the form to: Henry Schein, Inc. 5315 West 74th Street • Indianapolis, IN 46268

• Henry Schein restricts the sale or other transfer of medications to prisons/correctional facilities for use in lethal injections, based on our manufacturer agreements. The goods Henry Schein sells are intended to be used for their label-approved purposes or applicable standards of care, which do not include human lethal injection.

## REGULATORY REQUIREMENTS:

Local regulatory requirements may apply to use or installation of certain products. Be sure to understand and comply with any such requirements prior to purchase, use, or installation of products.

## THE DRUG SUPPLY CHAIN SECURITY ACT (DSCSA):

(MN, DM, WH, M2) The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.HenrySchein.com/pedigree](http://www.HenrySchein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail or email, please contact our customer service department at 1-800-472-4346.

## RETURNS:

WE CANNOT ACCEPT ANY RETURNS WITHOUT PRIOR AUTHORIZATION.

To arrange for a return, simply call our Customer Service department or contact your Sales Consultant.

The following conditions must be complied with:

• All returns must be accompanied by a copy of your invoice and a reason for the return • Merchandise must be returned in its original container, unmarked, and properly packaged • Returned products must have been purchased within the previous thirty (30) days. Any returns past thirty (30) days are subject to a restocking fee • Shortages or errors in shipments must be reported within seven (7) days of invoice date to issue credit (if applicable) • Shipping charges will apply on all returns

## DISCOUNTS, REBATES AND DISCLOSURES:

Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

## Exceptions:

The following special, customized, or government-regulated items are not returnable:

• Opened handpieces, small equipment, and custom-ordered equipment • Special order items (products that we do not ordinarily stock) • Personalized and imprinted items • Opened computer hardware and software • Hazardous/flammable materials • Expired products • Items that cannot be returned to the manufacturer • Any item marked non-returnable • Items required to be shipped and stored frozen • Any drop-shipped products

## Prescription Drug Returns:

Please note that, in order to comply with Federal and State traceability requirements, prescription drugs may be returned providing that the following key elements are met:

- 1) Returns of prescription drugs will only be accepted if Henry Schein is notified within 30 calendar days of shipment date and valid return authorization is issued by Henry Schein.
- 2) The Prescription Drug Marketing Act requires any customer returning prescription drugs to complete and return a Prescription Drug Return Authorization form. Federal law requires that the healthcare entity returning prescription drugs document that the product was kept under proper storage and handling conditions while in their possession and during the return of the product. To get a copy of the form and proper return authorization, please contact Customer Service.
- 3) In addition, traceability regulations require that the healthcare entity returning prescription drugs certifies that the product being returned is the same exact product purchased from HSI.
- 4) Henry Schein will not issue credit for any returned prescription drugs which return was not authorized as provided herein, have been tampered with or where the labeling has been altered in any way.

## INSTITUTIONAL, GOVERNMENT & CORPORATE ACCOUNTS:

Terms of Sale follow the same guidelines unless denoted differently in a contract. When applicable, freight is calculated by the weight. There is no minimum order; however, there is a nominal handling charge on orders under \$125. Some offers and promotions outlined in this catalog may not apply. Requests for bids and proposals may be sent to:

Henry Schein, Inc. • Bid Department—E255 • 135 Duryea Rd. • Melville, NY 11747

## INTERNATIONAL ORDERS:

We proudly serve healthcare professionals, governments, and dealers throughout the world. To place orders or for inquiries on export terms and conditions please contact the International Department (USA) by phone 1-631-843-5325, fax: 1-631-843-5676, or send us an e-mail at: [export@henryschein.com](mailto:export@henryschein.com).

**RETURNS:** A return authorization number must be received prior to returning any merchandise.

Returned products must have been purchased within the previous thirty (30) days.

**ARBITRATION.** All Claims related to or arising under or relating to this Agreement are to be exclusively and finally determined by binding arbitration in the state of New York, or another location mutually agreeable to the parties. Any and all Claims must be arbitrated on an individual basis, and there shall be no right or authority for any Claims or disputes to be arbitrated on a class action or collective basis. For avoidance of doubt, each party irrevocably waives any right to: (i) have any Claim resolved in connection with any class action or collective action, or (ii) recover any damages or relief directly or indirectly as part of any class action or collective action. The arbitration shall be conducted on a confidential basis pursuant to the Commercial Arbitration Rules of the American Arbitration Association, or if applicable, under its Procedures for Large, Complex Commercial Disputes. Any decision or award as a result of any such arbitration proceeding shall be in writing and shall provide an explanation for all conclusions of law and fact and shall include the assessment of costs, expenses and reasonable attorneys' fees. Any such arbitration shall be conducted by an arbitrator experienced in the disputed subject matter and shall include a written record of the arbitration hearing. The parties reserve the right to object to any individual who shall be or has been at any time employed by or affiliated with a competing organization or entity. An award of arbitration may be confirmed in a court of competent jurisdiction. To the extent that any Claim or dispute is determined to not be subject to arbitration, all other Claims or disputes that would otherwise be subject to arbitration must be arbitrated. As used in this Agreement, "Claims" shall mean any and all liabilities, disputes and expenses whatsoever including, without limitation, claims, adversary proceedings (whether before a court, administrative agency or any other tribunal), damages (whether compensatory, multiple, exemplary or punitive), judgments, awards, penalties, settlements, investigations, costs, responses to subpoenas or other governmental directives and reasonable attorneys' fees and disbursements with respect to any claims that may be sustained, suffered or incurred by a Party hereto.

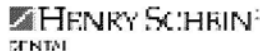
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## Telephone Hotlines...We're here, ready to help you



### To Place An Order:

1-800-372-4346 8am–8pm, et

### To Fax An Order:

1-800-732-7023 24 Hours

### Customer Service:

1-800-472-4346 8am-8:30pm, et

Equipment Sales & Service  
eCommerce Technical Support  
Dental Schools  
Financial Services

1-800-645-6594  
1-800-711-6032 8am–8pm, et  
1-800-851-0400 8am–8pm, et  
1-800-443-2756 8am–6pm, et

Institutional/Federal  
Product Technical Support  
Premium Point Information  
ProRepair

1-800-851-0400 8am–8pm, et  
1-800-372-4346 8am–8pm, et  
1-800-472-4346 8am–4:30pm, et  
1-800-367-3674 8am–7pm, et

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1085910  
Vendor Name: Henry Schein  
Invoice Number: 78765346  
Invoice Date: 06/23/20  
PO Number: B0369780  
Check Number: 0270888  
Check Amount: \$ 4,848.46  
Check Date: 07/14/2020  
Department ID: 00157  
Reviewer Name: Jessica Lang  
Voucher Number: V0632518  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: langj@cod.edu  
Sent: Tue Jun 30 10:20:34 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Henry Schein INV#78765346  
-----

*Jessica Lang*

Program Support Specialist, Nursing and Health Sciences  
College of DuPage | 425 Fawell Blvd | Glen Ellyn, IL 60137  
630.942.2447 Direct | 630.942.8331 Office | 630.942.4222 Fax  
langj@cod.edu



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Address Service Requested

Customer Service  
1-800-472-4346

# INVOICE

|              |   |                        |
|--------------|---|------------------------|
| Invoice #    | : | 78765346               |
| Invoice Date | : | 06/23/20               |
| Amount       | : | 40.70                  |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/23/20               |

Page 1 of 2

Bill To:

Ship To / Sold To:

College Of Dupage  
425 Fawell Blvd  
Glen Ellyn IL 601376599

COLLEGE OF DUPAGE  
Attn: Accounts Payable SRC 2132  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

**APPROVED**

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

|            |   |         |           |   |                          |            |   |          |
|------------|---|---------|-----------|---|--------------------------|------------|---|----------|
| Cust #     | : | 3136679 | Ship Date | : | 06/23/20                 | Sls Ord #  | : | 90800864 |
| Cust P O # | : | 369780  | Ship Via  | : | UPS Chicago Special Sort | Sls Ord Dt | : | 06/22/20 |
|            |   |         |           |   |                          | Sls Rep    | : | C405     |

| Item #  | Ship | BO | UOM    | Description   | Unit Price | Amount | Tax Status |
|---------|------|----|--------|---|------------|--------|------------|
| 6402805 | 3    | 0  | 160/Cn | CaviWipes Towelettes Disinfect Large  | 9.9500     | 29.85  |            |
|         |      |    |        | .Go to your online account to retrieve this SDS, 1052834 - If you cannot access online options or to opt out of electronic SDS call (800) 472-4346. |            |        |            |

Attn: Jessica Lang/Purchasing

This order has been processed by our Henry Schein, Inc. Midwest Dist Center, 5315 W 74th St Bldg 138, Indianapolis, IN 462685135

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.

No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total 29.85

Tax 0.00

Shipping and/or Handling 10.85

**Total Amount 40.70**

**INVOICE REVIEWED**

**OKAY TO PAY**

**JESSICA LANG 06/30/20**

Tax ID # 17-0406580 DUNS # 01-240 0000

Remittance Section



010000313667978765346110000000000040700623208

|              |   |                        |
|--------------|---|------------------------|
| Cust #       | : | 3136679                |
| Invoice #    | : | 78765346               |
| Invoice Date | : | 06/23/20               |
| Amount       | : | 40.70                  |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/23/20               |

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1085910

Vendor Name: Henry Schein

Invoice Number: 78862315

Invoice Date: 06/25/20

PO Number: P0369915

Check Number: 0270888

Check Amount: \$ 4,848.46

Check Date: 07/14/2020

Department ID: 00274

Reviewer Name:

Voucher Number: V0632519

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

-----  
From: langj@cod.edu  
Sent: Tue Jun 30 10:19:53 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Henry Schein INV#78862315  
-----

*Jessica Lang*

Program Support Specialist, Nursing and Health Sciences  
College of DuPage | 425 Fawell Blvd | Glen Ellyn, IL 60137  
630.942.2447 Direct | 630.942.8331 Office | 630.942.4222 Fax  
langj@cod.edu



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Address Service Requested

Customer Service  
1-800-472-4346

## INVOICE

|              |   |                        |
|--------------|---|------------------------|
| Invoice #    | : | 78862315               |
| Invoice Date | : | 06/25/20               |
| Amount       | : | 112.85                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/25/20               |

Page 1 of 2

Bill To:

COLLEGE OF DUPAGE  
Attn: Accounts Payable SRC :132  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

**3 WAY MATCH**

Ship To / Sold To:

College Of Dupage  
425 Fawell Blvd  
Glen Ellyn IL 601376599

|            |   |         |           |   |                          |            |   |          |
|------------|---|---------|-----------|---|--------------------------|------------|---|----------|
| Cust #     | : | 3136679 | Ship Date | : | 06/25/20                 | Sls Ord #  | : | 90900881 |
| Cust P O # | : | 369915  | Ship Via  | : | UPS Chicago Special Sort | Sls Ord Dt | : | 06/23/20 |
|            |   |         |           |   |                          | Sls Rep    | : | C405     |

| Item #  | Ship | BO | UOM    | Description                           | Unit Price | Amount | Tax Status |
|---------|------|----|--------|---------------------------------------|------------|--------|------------|
| 9880214 | 5    | 0  | 150/Bx | Esteem Strch Glove Nitrile III Small  | 11.2000    | 56.00  |            |
| 1530155 | 5    | 0  | 150/Bx | Esteem Strch Glove Nitrile III Medium | 11.2000    | 56.00  |            |

Deliver To: Eve Malcolm, HSC 1220

This order has been processed by our Henry Schein, Inc. Midwest Dist Center, 5315 W 74th St Bldg 138, Indianapolis, IN 462685135

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.

No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

|                          |               |
|--------------------------|---------------|
| Sub-Total                | 112.00        |
| Tax                      | 0.00          |
| Shipping and/or Handling | 0.85          |
| <b>Total Amount</b>      | <b>112.85</b> |

Tax ID # 11-3136595

DUNS # 01-243-0880

Remittance Section



010000313667978862315110000000000112850625200

|              |   |                        |
|--------------|---|------------------------|
| Cust #       | : | 3136679                |
| Invoice #    | : | 78862315               |
| Invoice Date | : | 06/25/20               |
| Amount       | : | 112.85                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/25/20               |

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1085910  
Vendor Name: Henry Schein  
Invoice Number: 78323228  
Invoice Date: 06/15/20  
PO Number: B0369780  
Check Number: 0270888  
Check Amount: \$ 4,848.46  
Check Date: 07/14/2020  
Department ID: 00157  
Reviewer Name: Jessica Lang  
Voucher Number: V0632522  
Redaction Type: None  
Document Type: AP Invoice

Document Below



-----  
From: langj@cod.edu  
Sent: Tue Jun 30 10:20:07 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Henry Schein INV#78323228  
-----

*Jessica Lang*

Program Support Specialist, Nursing and Health Sciences  
College of DuPage | 425 Fawell Blvd | Glen Ellyn, IL 60137  
630.942.2447 Direct | 630.942.8331 Office | 630.942.4222 Fax  
langj@cod.edu



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Address Service Requested

Customer Service  
1-800-472-4346

## INVOICE

|              |   |                        |
|--------------|---|------------------------|
| Invoice #    | : | 78323228               |
| Invoice Date | : | 06/15/20               |
| Amount       | : | 334.75                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/15/20               |

Page 1 of 2

Bill To:

Ship To / Sold To:

**APPROVED**

College Of Dupage  
425 Fawell Blvd  
Glen Ellyn IL 601376599

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

COLLEGE OF DUPAGE  
Attn: Accounts Payable S 2112  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6599

|            |   |         |           |   |                          |            |   |          |
|------------|---|---------|-----------|---|--------------------------|------------|---|----------|
| Cust #     | : | 3136679 | Ship Date | : | 06/15/20                 | Sls Ord #  | : | 90351008 |
| Cust P O # | : | 369780  | Ship Via  | : | UPS Chicago Special Sort | Sls Ord Dt | : | 06/11/20 |
|            |   |         |           |   |                          | Sls Rep    | : | C405     |

| Item #  | Ship | BO | UOM   | Description                         | Unit Price | Amount | Tax Status |
|---------|------|----|-------|-------------------------------------|------------|--------|------------|
| 1381506 | 3    | 0  | 10/Bg | Isolation Gown PET AAMI 1 L Blue    | 38.5000    | 115.50 |            |
| 1381507 | 3    | 0  | 10/Bg | Isolation Gown PET AAMI 1 XL Blue   | 38.5000    | 115.50 |            |
| 1072100 | 6    | 0  | 50/Bx | Isofluid Earloop Mask L1 Pink       | 10.9500    | 65.70  |            |
| 1108821 | 3    | 0  | 50/Bx | Earloop Mask Procedural L2 Lavender | 12.4000    | 37.20  |            |

Attn: Jessica Lang

This order has been processed by our Henry Schein, Inc. Midwest Dist Center, 5315 W 74th St Bldg 138, Indianapolis, IN 462685135

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.

No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

|                          |               |
|--------------------------|---------------|
| Sub-Total                | 333.90        |
| Tax                      | 0.00          |
| Shipping and/or Handling | 0.85          |
| <b>Total Amount</b>      | <b>334.75</b> |

**INVOICE REVIEWED**

**OKAY TO PAY**

**JESSICA LANG 06/30/20**

Tax ID # 3-3055  
Remittance Section

JNS # 243-180



010000313667978323228110000000000334750615201

|              |   |                        |
|--------------|---|------------------------|
| Cust #       | : | 3136679                |
| Invoice #    | : | 78323228               |
| Invoice Date | : | 06/15/20               |
| Amount       | : | 334.75                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/15/20               |

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1085910  
Vendor Name: Henry Schein  
Invoice Number: 78551255  
Invoice Date: 06/18/20  
PO Number: B0369780  
Check Number: 0270888  
Check Amount: \$ 4,848.46  
Check Date: 07/14/2020  
Department ID: 00157  
Reviewer Name: Jessica Lang  
Voucher Number: V0632523  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: langj@cod.edu  
Sent: Tue Jun 30 10:20:21 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Henry Schein INV#78551255  
-----

*Jessica Lang*

Program Support Specialist, Nursing and Health Sciences  
College of DuPage | 425 Fawell Blvd | Glen Ellyn, IL 60137  
630.942.2447 Direct | 630.942.8331 Office | 630.942.4222 Fax  
langj@cod.edu



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Address Service Requested

Customer Service  
1-800-472-4346

# INVOICE

|              |   |                        |
|--------------|---|------------------------|
| Invoice #    | : | 78551255               |
| Invoice Date | : | 06/18/20               |
| Amount       | : | 231.85                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/18/20               |

Page 1 of 2

Bill To:

Ship To / Sold To:

College Of Dupage  
425 Fawcett Blvd  
Glen Ellyn, IL 601376599

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

COLLEGE OF DUPAGE

Attn: Accounts Payable SRC 172  
425 FAWCETT BLVD  
GLEN ELLYN IL 60137-6599

|            |   |         |           |   |                                |            |   |          |
|------------|---|---------|-----------|---|--------------------------------|------------|---|----------|
| Cust #     | : | 3136679 | Ship Date | : | 06/18/20                       | Sls Ord #  | : | 90599154 |
| Cust P O # | : | 369780  | Ship Via  | : | UPS Lancaster/Harrisburg Zone4 | Sls Ord Dt | : | 06/16/20 |
|            |   |         |           |   |                                | Sls Rep    | : | C405     |

| Item #  | Ship | BO | UOM   | Description   | Unit Price | Amount | Tax Status |
|---------|------|----|-------|---|------------|--------|------------|
| 1381506 | 3    | 0  | 10/Bg | Isolation Gown PET AAMI 1 L Blue                                      | 38.5000    | 115.50 |            |
|         |      |    |       | THIS PRODUCT IS BEING SHIPPED FROM OUR NORTHEAST DISTRIBUTION CENTER. |            |        |            |
| 1381507 | 3    | 0  | 10/Bg | Isolation Gown PET AAMI 1 XL Blue                                     | 38.5000    | 115.50 |            |

Attn: Jessica Lang/Purchasing

This order has been processed by our Henry Schein, Inc, Midwest Dist Center, 5315 W 74th St Bldg 138, Indianapolis, IN 462685135  
Northeast Distribution Center, 41 WEAVER ROAD, DENVER, PA 17517

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.

No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total 231.00

Tax 0.00

Shipping and/or Handling 0.85

Total Amount 231.85

**INVOICE REVIEWED**  
**OKAY TO PAY**  
**JESSICA LANG 06/30/20**

Tax ID # 11-3136595

DUNS # 01-243-0880

Remittance Section



010000313667978551255110000000000231850618204

|              |   |                        |
|--------------|---|------------------------|
| Cust #       | : | 3136679                |
| Invoice #    | : | 78551255               |
| Invoice Date | : | 06/18/20               |
| Amount       | : | 231.85                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/18/20               |

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1085910

Vendor Name: Henry Schein

Invoice Number: 78458613

Invoice Date: 06/17/20

PO Number: P0369748

Check Number: 0270888

Check Amount: \$ 4,848.46

Check Date: 07/14/2020

Department ID: 00181

Reviewer Name:

Voucher Number: V0632621

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

-----  
From: zerrudom@cod.edu  
Sent: Wed Jul 01 12:16:23 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]



INVOICE

Ship/Sold-To: 2592648  
College Of Dupage  
425 Fawell Blvd  
Attn Rec'g/Dr. Valerie Jean Phillips  
Glen Ellyn, IL 60137-6599

Bill-To: 2592647  
College Of Dupage  
425 Fawell Blvd  
Accts Payable  
Glen Ellyn, IL 60137-6599

010000259264778458613110000000000059250617206

COLLEGE OF DUPAGE  
425 FAWELL BLVD  
ACCTS PAYABLE  
GLEN ELLYN, IL 601376599

3 WAY MATCH

|                           |                          |   |                          |
|---------------------------|--------------------------|---|--------------------------|
| Invoice#<br>78458613      | Invoice Date<br>06/17/20 | Due Date<br>07/17/20                    | Invoice Total<br>\$59.25 |
| Purchase Order#<br>369748 |                          | Payment Terms<br>Invoice Date + 30 days |                          |
| Customer DEA#             |                          | Customer State Reg#                     |                          |
| MTX Federal ID#           |                          | MTX D&B#                                |                          |

| LINE NO.  | ITEM CODE | UNIT SIZE | DESCRIPTION                       | QTY ORDERED | QTY SHIPPED | CODES | UNIT PRICE | EXT. PRICE | BOX NO. | SHIP FROM |
|---|-----------|-----------|-----------------------------------|-------------|-------------|-------|------------|------------|---------|-----------|
| This is a backordered shipment for order:89636667 original invoice:77634217 |           |           |                                   |             |             |       |            |            |         |           |
| 1   | 120-2833  | 6/PK      | Gauze Rolled 6" Non-Sterile 2 Ply | 15          | 15          |       | 3.95       | 59.25      | 2       | IN        |

MERCHANDISE TOTAL \$59.25  
INVOICE TOTAL \$59.25

Please refer to back of paperwork for Terms of Sale and disclosures or go to <https://www.henryschein.com/us-en/medical/LegalTerms.aspx>. Such terms are incorporated herein by reference.

Thank you for your order!

| Ship To#<br>2592648 | Bill To#<br>2592647    | Invoice#<br>78458613 | Invoice Date<br>06/17/20 | Invoice Total<br>\$59.25 | CODE STATUS KEY<br>S-Special Schein Pricing<br>B-Backordered; Item will follow<br>C-Case Good Item<br>D-Discontinued; Item no longer available<br>F-Special Offer<br>M-Item will ship directly from manufacturer<br>NC-No Charge<br>P-Prescription Drug; Return Authorization Required<br><br>*-Item has Safety Data Sheet (SDS)<br>R-Refrigerated Item; May be shipped separate<br>SK-School Kit<br>SM-Shipped from Multiple Buildings<br>T-Taxable Item<br>U-Temporarily Unavailable; please reorder<br>W-Warranty Item<br>WH, MN, M2, DM-DSCSA CODES |
|---------------------|------------------------|----------------------|--------------------------|--------------------------|---|
| Order#<br>89636667  | Order Date<br>05/26/20 | # of Boxes<br>2      | PO#<br>369748            |                          |   |

Distribution Names/Address  
IN: 5315 W 74th St Indianapolis, IN 46268  
DEAN: PH0162494 State Reg#: 48001176A  
Chem. Reg#: 006574HNY



# Terms of Sale

## THE HENRY SCHEIN PRICE POLICY:

We endeavor to maintain prices for the duration of a catalog, but we reserve the right to make price adjustments in response to manufacturers' price increases or extraordinary circumstances. Prices are subject to change without notice.

Henry Schein, Inc. ("Henry Schein") and customer agree that the terms and conditions hereinafter set forth shall govern the relationship between Henry Schein and the customer to the extent that the parties do not have a written agreement in effect that conflicts with such terms and conditions. Customer acknowledges and accepts all such terms and conditions by placing an order for goods with Henry Schein, and upon Henry Schein's delivery of the order to the customer.

## Choose Your Payment Method

Reduce the cost and administration of paying Henry Schein—Pay electronically (ACH Debit) or set up AutoPay. Please call Customer Service for details.

For your convenience, we provide several payment alternatives. Orders billed to your account may be paid by ACH Debit, Check by Phone, or Check. If you prefer, you may use your Henry Schein Credit Card, American Express, Visa, MasterCard or Discover Card when placing your order. All sales are subject to our normal terms and conditions. Unless otherwise instructed, check payments must be mailed to: Henry Schein, Inc. • Dept. CH 10241 • Palatine, IL 60055-0241

All sales are subject to credit approval. Invoices are payable within agreed terms of sale.

## Open Accounts Receivable:

All unpaid accounts receivable past due are subject to a 1.5% finance charge.

## DELIVERY TERMS:

Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Except as noted below, title passes at the time the shipment is loaded at the shipper's dock.

**California:** For all shipments of goods to customers located within California, title will pass upon receipt of goods by California customers.

**Continental U.S.:** All orders will be subject to a handling charge. This charge includes freight, except for additional carrier charges related to special delivery services and hazardous material shipments. Special orders are subject to additional freight charges.

**Alaska, Hawaii & Pacific Protectorates:** Standard shipping methods provide direct, reduced cost, expedited air delivery service to all accounts in Alaska and Hawaii. Customers in the Pacific Protectorates are offered direct surface transport, or postal services for reliable delivery. No additional surcharges apply, except when special services are requested. Low-level hazardous items (dangerous goods in accepted quantities and Consumer Commodity ID 8000) are now available via UPS 2nd-day air.

**Guyana, Puerto Rico, U.S. Trust Territories & Virgin Islands:**

• All orders will be subject to a handling charge. This charge includes freight through the United States Postal Service (USPS) • Special delivery orders and hazardous material shipments can be shipped via United Parcel Services (UPS) for an additional charge. No minimum order amount or weight applies. Speak to your International Representative for details.

**Outside U.S. (50 states):** If your order is being shipped outside the U.S. (50 states), please refer to the International Terms & Conditions at [henryschein.com](http://henryschein.com). Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Title passes at the time the shipment is loaded at the shipper's dock. Customer is responsible for compliance with any applicable import requirements.

## RX PRODUCTS & CONTROLLED SUBSTANCES:

• Regulations require us to limit the sale of Rx and controlled substances only to registered, licensed healthcare professionals. If you are a new customer or have recently moved, please furnish us with a copy of your updated state and federal registrations verifying your shipping address. Please note that all orders for controlled substances are subject to a due diligence review process. Schedule II controlled substances can be ordered electronically or by mail. For more information on our Controlled Substance Ordering System please visit [www.henryschein.com/e222](http://www.henryschein.com/e222); if you prefer to continue using Federal 222 Forms to order Schedule II controlled substances, mail the form to: Henry Schein, Inc. • 5315 West 74th Street • Indianapolis, IN 46268

• Henry Schein restricts the sale or other transfer of medications to prisons/correctional facilities for use in lethal injections, based on our manufacturer agreements. The goods Henry Schein sells are intended to be used for their label-approved purposes or applicable standards of care, which do not include human lethal injection.

## THE DRUG SUPPLY CHAIN SECURITY ACT (DSCSA):

(M.N, D.M, W.H, M2) The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website [www.HenrySchein.com/pedigree](http://www.HenrySchein.com/pedigree). If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail or email, please contact our customer service department at 1-800-472-4346.

## REGULATORY REQUIREMENT:

Local regulatory requirements may apply to use or installation of certain products. Be sure to understand and comply with any such requirements prior to purchase, use, or installation of products.

## RETURNS:

WE CANNOT ACCEPT ANY RETURNS WITHOUT PRIOR AUTHORIZATION.

To arrange for a return, simply call our Customer Service department or contact your Sales Consultant. The following conditions must be complied with:

- All returns must be accompanied by a copy of your invoice and a reason for the return.
- Merchandise must be returned in its original unopened container, unmarked, and properly packaged • Returned products must have been purchased within the previous thirty (30) days. Any returns past thirty (30) days are subject to a restocking fee.
- Shortages or errors in shipments must be reported within seven (7) days of invoice date to issue

## DISCOUNTS, REBATES AND DISCLOSURES:

Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

## Henry Schein Telephone Hotlines...We're Here Ready to Help!

### Henry Schein Medical

To Place An Order 1-800-772-4346 8am-8pm, et  
To Fax An Order 1-800-329-9109 24 Hours  
Customer Service 1-800-472-4346 8am-8:30pm, et  
Internet [www.henryschein.com/medical](http://www.henryschein.com/medical)  
E-mail [medsls@henryschein.com](mailto:medsls@henryschein.com)

### Henry Schein Medical/EMS

To Place An Order 1-800-845-3550 8:30am-5:30pm, et  
To Fax An Order 1-800-533-4793 24 Hours  
Customer Service 1-800-845-3550 8:30am-5:30pm, et  
Internet [www.henryschein.com/ems](http://www.henryschein.com/ems)  
E-mail [ems@henryschein.com](mailto:ems@henryschein.com)

### 340B Program

To Place An Order 1-877-344-3402 8:30am-5:30pm, et  
To Fax An Order 1-888-885-2253 24 Hours  
Customer Service 1-877-344-3402 8:30am-5:30pm, et  
Internet [www.henryschein.com/medical](http://www.henryschein.com/medical)  
E-mail [customer.support@henryschein.com](mailto:customer.support@henryschein.com)  
e-Commerce Support 1-800-711-6032 8am-8pm, et

### Henry Schein Technical Support

1-800-711-6032 8am-8pm, et  
PRIVILEGES 1-866-633-8477 9am-5pm, et  
Henry Schein Financial Services 1-800-443-2756 8am-8:30pm, et  
ProRepair 1-800-367-3674 8am-7pm, et  
International Dept. (USA) 1-631-843-5325 or Fax 1-631-843-5676  
In Canada 1-800-223-3300 8am-7pm, et

### Henry Schein Athletics and Schools

To Place An Order 1-800-323-5110 8am-8pm, et  
To Fax An Order 1-800-524-4969 24 Hours  
Customer Service 1-800-323-5110 8am-8:30pm, et  
Internet [www.henryschein.com](http://www.henryschein.com)  
Email [athleticsandschools@henryschein.com](mailto:athleticsandschools@henryschein.com)

credit (if applicable) • Shipping charges will apply on all returns.

## Exceptions:

The following special, customized, or government-regulated items are not returnable:

- Immune globulin products • Special order items (products that we do not ordinarily stock)
- Personalized and imprinted items • Opened computer hardware and software Hazardous/flammable materials • Expired products • Items that cannot be returned to the manufacturer Any item marked nonreturnable • Items required to be shipped and stored frozen • Any drop-shipped products

## Equipment:

Opened and used equipment may not be returned for credit. Before opening equipment, we suggest that you check the shipping container and packing list to ensure that you are getting exactly what you ordered.

Equipment must be returned in the original unopened packaging, unmarked and properly packaged. Special order equipment is not returnable. All equipment returns are subject to a restocking fee. Equipment is backed by the manufacturer's repair or replacement warranty. Please read and return all warranty information required immediately upon taking delivery of your new equipment. Open or defective equipment is subject to the manufacturer's warranty.

## Prescription Drug Returns:

Please note that, in order to comply with Federal and State traceability requirements, prescription drugs may be returned providing that the following key elements are met:

- 1) Returns of prescription drugs will only be accepted if HSI is notified within 30 calendar days of shipment date and valid return authorization is issued by HSI. 2) The Prescription Drug Marketing Act requires any customer returning prescription drugs to complete and return a Prescription Drug Return Authorization form. Federal law requires that the healthcare entity returning prescription drugs document that the product was kept under proper storage and handling conditions while in their possession and during the return of the product. To get a copy of the form and proper return authorization, please contact Customer Service. 3) In addition, traceability regulations require that the healthcare entity returning prescription drugs certifies that the product being returned is the same exact product purchased from HSI. 4) Henry Schein will not issue credit for any returned prescription drugs which return was not authorized as provided herein, have been tampered with or where the labeling has been altered in any way.

## INSTITUTIONAL & CORPORATE ACCOUNTS:

Terms of Sale follow the same guidelines unless denoted differently in a contract. Some offers and promotions outlined in the catalog may not apply. Requests for bids and proposals may be sent to:

Henry Schein, Inc., Medical Bid Department (Mail Route E-270) 135 Duryea Road, Melville, NY 11747

## INTERNATIONAL AND CANADIAN ORDERS:

We proudly serve healthcare professionals, governments, and dealers throughout the world. To place orders or for inquiries on export terms and conditions please contact the International Department (USA) at, phone: 1-631-843-5325, fax: 1-631-843-5676, or send us an e-mail at: [export@henryschein.com](mailto:export@henryschein.com).

**ARBITRATION.** All Claims related to or arising under or relating to this Agreement are to be exclusively and finally determined by binding arbitration in the state of New York, or another location mutually agreeable to the parties. Any and all Claims must be arbitrated on an individual basis, and there shall be no right or authority for any Claims or disputes to be arbitrated on a class action or collective basis. For avoidance of doubt, each party irrevocably waives any right to: (i) have any Claim resolved in connection with any class action or collective action, or (ii) recover any damages or relief directly or indirectly as part of any class action or collective action. The arbitration shall be conducted on a confidential basis pursuant to the Commercial Arbitration Rules of the American Arbitration Association, or if applicable, under its Procedures for Large, Complex Commercial Disputes. Any decision or award as a result of any such arbitration proceeding shall be in writing and shall provide an explanation for all conclusions of law and fact and shall include the assessment of costs, expenses and reasonable attorneys' fees. Any such arbitration shall be conducted by an arbitrator experienced in the disputed subject matter and shall include a written record of the arbitration hearing. The parties reserve the right to object to any individual who shall be or has been at any time employed by or affiliated with a competing organization or entity. An award of arbitration may be confirmed in a court of competent jurisdiction. To the extent that any Claim or dispute is determined to not be subject to arbitration, all other Claims or disputes that would otherwise be subject to arbitration must be arbitrated. As used in this Agreement, "Claims" shall mean any and all liabilities, disputes and expenses whatsoever including, without limitation, claims, adversary proceedings (whether before a court, administrative agency or any other tribunal), damages (whether compensatory, multiple, exemplary or punitive), judgments, awards, penalties, settlements, investigations, costs, responses to subpoenas or other governmental directives and reasonable attorneys' fees and disbursements with respect to any claims that may be sustained, suffered or incurred by a Party hereto.

## WARRANTIES:

Henry Schein will pass through to the customer, at the time of sale, any transferable product warranties, indemnities and remedies provided to Henry Schein by the applicable manufacturer. EXCEPT AS OTHERWISE PROVIDED HEREIN, TO THE EXTENT PERMITTED BY LAW, HENRY SCHEIN PROVIDES NO WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY, FITNESS FOR PARTICULAR PURPOSE OR NON-INFRINGEMENT, AND THE CUSTOMER SHALL LOOK TO THE MANUFACTURER OF THE PRODUCT FOR ANY WARRANTY THEREON.

## LIMITATION OF LIABILITY:

The customer agrees to look solely to the manufacturer of the product for any claim arising due to loss, injury, damage or death related to the use or sale of products. HENRY SCHEIN SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL, PUNITIVE, SPECIAL OR CONSEQUENTIAL DAMAGES INCLUDING, BUT NOT LIMITED TO, LOST PROFITS AND LOSS OF GOODWILL, ARISING FROM OR RELATING TO ANY BREACH TO THIS AGREEMENT (OR ANY DUTY OF COMMON LAW, AND WHETHER OR NOT OCCASIONED BY THE NEGLIGENCE OF HENRY SCHEIN OR ITS AFFILIATES), REGARDLESS OF ANY NOTICE OF THE POSSIBILITY OF SUCH DAMAGES.

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1085910  
Vendor Name: Henry Schein  
Invoice Number: 77634217  
Invoice Date: 05/27/20  
PO Number: P0369748  
Check Number: 0270888  
Check Amount: \$ 4,848.46  
Check Date: 07/14/2020  
Department ID: 00181  
Reviewer Name:  
Voucher Number: V0634843  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

-----  
From: bedford@cod.edu  
Sent: Wed Jul 08 16:16:33 CDT 2020  
To: invoicing@cod.edu  
CC: krakora@cod.edu  
Subject: Invoice Attached  
-----

Hello Accounts Payable,  
Please process the attached invoice for payment. It is from Fire Science.  
Thank you,  
Yvonne Bedford  
Continuing Education

---

**From:** Krakora, Daniel  
**Sent:** Wednesday, July 8, 2020 2:51 PM  
**To:** Bedford, Yvonne  
**Subject:** Invoice

Hi Yvonne,

I hope you are having a good week!

Attached is a Henry Schein invoice that is OK to pay. It was routed to the Health Sciences Division and has been held up there until they forwarded it to me today.

Let me know of any questions.

Thanks,

*Daniel Krakora*

EMS/Fire Science Manager  
Homeland Security Education Center (HEC) #1018  
College of DuPage  
425 Fawell Blvd.  
Glen Ellyn, IL 60137  
Office (630) 942-2107  
Office hours: Mon-Thurs 06:30am – 4:30pm (Summer Term)  
Office hours: Mon-Fri 07:00 am – 3:30pm (Fall & Spring Terms)



Thank you for your email. Due to COVID-19, COD's main campus and regional centers remain closed and we are continuing to perform assigned duties remotely. Students should monitor their dupage.edu e-mailboxes and Blackboard for additional information. College leadership continues to monitor the coronavirus situation and will adjust the institutional response as circumstances warrant. COD campus updates can be found at cod.edu. We appreciate your patience during this challenging time.

*"I'm not concerned with your liking or disliking me...All I ask is that you respect me as a human being."*  
Jackie Robinson,

# INVOICE

Ship/Sold-To: 2592648  
College Of Dupage  
425 Fawell Blvd  
Attn Rec'g/Dr. Valerie Jean Phillips  
Glen Ellyn, IL 60137-6599

Bill-To: 2592647  
College Of Dupage  
425 Fawell Blvd  
Accts Payable  
Glen Ellyn, IL 60137-6599

010000259264777634217110000000001637800527201

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

**3 WAY MATCH**

|                           |                          |   |                            |
|---------------------------|--------------------------|---|----------------------------|
| Invoice#<br>77634217      | Invoice Date<br>05/27/20 | Due Date<br>06/26/20                    | Invoice Total<br>\$1637.80 |
| Purchase Order#<br>369748 |                          | Payment Terms<br>Invoice Date + 30 days |                            |
| Customer DEA#             |                          | Customer State Reg#                     |                            |
| MTX Federal ID#           |                          | MTX D&B#                                |                            |

| LINE NO. | ITEM CODE | UNIT SIZE  | DESCRIPTION   | QTY ORDERED | QTY SHIPPED | CODES | UNIT PRICE | EXT. PRICE | BOX NO. | SHIP FROM |
|----------|-----------|------------|---|-------------|-------------|-------|------------|------------|---------|-----------|
| 1        | 137-8300  | EA         | Non-Contact Infrd Thermometer<br>ITEM UNDER 12 MONTHS WARRANTY FROM INVOICE DATE. | 4           | 4           | W     | 114.00     | 456.00     | 6       | IN        |
| 2        | 499-5984  | 50/PK      | Electrode Foam White Sensor 274Series   | 10          | 10          |       | 5.75       | 57.50      | 6       | IN        |
| 3        | 565-0004  | (CS=10/EA) | Xceed PF Nitrile Glove SMALL<br>CASE GOOD ITEM, MAY BE SHIPPED SEPARATELY.        | 1           | 1           | C     | 150.00     | 150.00     | 1       | IN        |
| 4        | 565-0006  | (CS=10/EA) | Xceed PF Nitrile Glove LARGE<br>CASE GOOD ITEM, MAY BE SHIPPED SEPARATELY.        | 1           | 1           | C     | 150.00     | 150.00     | 2       | IN        |
| 5        | 565-0007  | 230/BX     | Xceed PF Nitrile Glove X-LARGE  | 10          | 9           |       | 15.00      | 135.00     | 5       | IN        |
| 6        | 565-0005  | (CS=10/EA) | Xceed PF Nitrile Glove MEDIUM<br>CASE GOOD ITEM, MAY BE SHIPPED SEPARATELY.       | 1           | 1           | C     | 150.00     | 150.00     | 3       | IN        |
| 7        | 125-9275  | 100/BX     | Lancet Surgilance Safety Orang 22Gx2.2mm  | 5           | 5           |       | 7.30       | 36.50      | 6       | IN        |
| 8        | 112-6133  | 100/BX     | Bandage Adhsv Strip Fabric LF 1"x3"   | 5           | 5           |       | 1.25       | 6.25       | 6       | IN        |
| 9        | 101-2344  | 100/CA     | Gauze Bandage NS Washed 4.5"x147"<br>CASE GOOD ITEM, MAY BE SHIPPED SEPARATELY.   | 1           | 1           | C     | 58.95      | 58.95      | 4       | IN        |
| 10       | 120-9183  | 12/PK      | Gauze Rolled 2" Non-Sterile 2Ply  | 15          | 15          |       | 2.70       | 40.50      | 6       | IN        |
| 11       | 120-3899  | 12/PK      | Gauze Rolled 4" Non-Sterile 2Ply  | 20          | 20          |       | 4.95       | 99.00      | 8       | PA        |

Please refer to back of paperwork for Terms of Sale and disclosures or go to  
<https://www.henryschein.com/us-en/medical/LegalTerms.aspx>. Such terms are incorporated herein by reference.

Thank you for your order!

|                     |                        |                      |                          |                            |   |
|---------------------|------------------------|----------------------|--------------------------|----------------------------|---|
| Ship To#<br>2592648 | Bill To#<br>2592647    | Invoice#<br>77634217 | Invoice Date<br>05/27/20 | Invoice Total<br>\$1637.80 | <b>CODE STATUS KEY</b><br>S-Special Schein Pricing<br>B-Backordered; Item will follow<br>C-Case Good Item<br>D-Discontinued; Item no longer available<br>F-Special Offer<br>M-Item will ship directly from manufacturer<br>NC-No Charge<br>P-Prescription Drug; Return Authorization Required<br>*Item has Safety Data Sheet (SDS)<br>R-Refrigerated Item; May be shipped separately<br>SK-School Kit<br>SM-Shipped from Multiple Buildings<br>T-Taxable Item<br>U-Temporarily Unavailable; please reorder<br>W-Warranty Item<br>WH, MN, M2, DM-DSCSA CODES |
| Order#<br>89636667  | Order Date<br>05/26/20 | # of Boxes<br>8      | PO#<br>369748            |                            |   |

Distribution Names/Address

|   |   |
|---|---|
| IN: 5315 W 74th St Indianapolis, IN 46268<br>DEAN: RH0162494 State Reg#: 38001176A<br>Chem. Reg#: 006574HBY | PA: 41 Weaver Rd. Denver, PA 17517<br>DEAN: RH0236667 State Reg#: 8000000663<br>Chem. Reg#: 006573HBY |
|---|---|

# INVOICE

Ship/Sold-To: 2592648  
College Of Dupage  
425 Fawell Blvd  
Attn Rec'g/Dr. Valerie Jean Phillips  
Glen Ellyn, IL 60137-6599

Bill-To: 2592647  
College Of Dupage  
425 Fawell Blvd  
Accts Payable  
Glen Ellyn, IL 60137-6599

| LINE NO.   | ITEM CODE | UNIT SIZE | DESCRIPTION   | QTY ORDERED | QTY SHIPPED | CODES | UNIT PRICE | EXT. PRICE | BOX NO. | SHIP FROM |
|--|-----------|-----------|---|-------------|-------------|-------|------------|------------|---------|-----------|
| ESTIMATED DELIVERY DATE: 05/28/20  |           |           |   |             |             |       |            |            |         |           |
| 12   | 120-2833  | 6/PK      | Gauze Rolled 6" Non-Sterile 2 Ply<br>ITEM BACK ORDERED, WILL FOLLOW SHORTLY | 15          | 0           | B     |            |            |         |           |
| 13   | 194-0093  | EA        | Vaseline Gauze Sterile 3"x9"  | 30          | 30          |       | .75        | 22.50      | 5       | IN        |
| 14   | 101-0005  | 50/BX     | Gauze Sponge Sterile 4"x4" 12ply  | 4           | 4           |       | 6.75       | 27.00      | 6       | IN        |
| 15   | 104-8198  | 200/PK    | Sponge Premium Non-Sterile 4"x4" 12Ply                                      | 4           | 4           |       | 5.75       | 23.00      | 5       | IN        |
| 16   | 120-2048  | 25/PK     | Combine ABD Pad Sterile 5x9   | 4           | 4           |       | 3.50       | 14.00      | 5       | IN        |
| 17   | 120-4756  | 20/PK     | Combine ABD Pad Sterile 8x10  | 4           | 4           |       | 4.35       | 17.40      | 5       | IN        |
| 18   | 499-5377  | EA        | Multi-Trauma Dressing 12x30   | 15          | 15          |       | .90        | 13.50      | 6       | IN        |
| 19   | 890-0159  | 6/BX      | Curity Stndrd Porous Tape Whit 10Ydx2"                                      | 6           | 6           |       | 11.95      | 71.70      | 6       | IN        |
| 20   | 115-2715  | 4RL/BX    | Tape Porous Roll 3"<br>ESTIMATED DELIVERY DATE: 05/28/20                    | 5           | 5           |       | 12.00      | 60.00      | 8       | PA        |
| 21   | 890-0160  | 12/BX     | Curity Stndrd Porous Tape Whit 10Ydx1" L                                    | 4           | 4           |       | 12.25      | 49.00      | 5       | IN        |
| MERCHANDISE TOTAL  |           |           |   |             |             |       | \$1,637.80 |            |         |           |
| INVOICE TOTAL  |           |           |   |             |             |       | \$1,637.80 |            |         |           |
| <div>OK to Pay<br/>Daniel Krefore<br/>7/8/20</div> <div>PO# 369748</div> |           |           |   |             |             |       |            |            |         |           |

|                     |                         |                      |                          |                            |  |
|---------------------|-------------------------|----------------------|--------------------------|----------------------------|--|
| Ship To#<br>2592648 | Bill To#<br>2592647     | Invoice#<br>77634217 | Invoice Date<br>05/27/20 | Invoice Total<br>\$1637.80 | <b>CODE STATUS KEY</b><br>S-Special Schein Pricing<br>B-Backordered; Item will follow<br>C-Case Good Item<br>D-Discontinued; Item no longer available<br>F-Special Offer<br>M-Item will ship directly from manufacturer<br>NC-No Charge<br>P-Prescription Drug; Return Authorization Required<br>~-Item has Safety Data Sheet (SDS)<br>R-Refrigerated Item; May be shipped separately<br>SK-School Kit<br>SM-Shipped from Multiple Buildings<br>T-Taxable Item<br>U-Temporarily Unavailable; please reorder<br>W-Warranty Item<br>WH, MN, M2, DM-DSCSA CODES |
| Order#<br>89636667  | Order Date:<br>05/26/20 | # of Boxes<br>8      | PO#:<br>369748           |                            |  |
|                     |                         |                      |                          |                            |  |

Distribution Names/Address

IN: 5315 W 74th St. Indianapolis, IN 46226  
DEAN: RH0162494 State Reg#: 48001175A  
Chem. Reg#: 006574HNY

PA: 41 Wunver Rd. Danver, PA 17517  
DEAN: RH0236667 State Reg#: 8000000663  
Chem. Reg#: 006573HNY

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1085910  
Vendor Name: Henry Schein  
Invoice Number: 78989275  
Invoice Date: 06/29/20  
PO Number: B0370250  
Check Number: 0270888  
Check Amount: \$ 4,848.46  
Check Date: 07/14/2020  
Department ID: 00153  
Reviewer Name: Jessica Lang  
Voucher Number: V0636052  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: fiskc@cod.edu  
Sent: Thu Jul 09 10:38:41 CDT 2020  
To: fiskc@cod.edu,invoicing@cod.edu  
CC:  
Subject: Scanned from a Xerox Multifunction Printer  
-----

Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Printer.  
Attachment File Type: pdf, Multi-Page Multifunction Printer Location: machine location not set Device Name:  
Printer-285

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





*Unif Only 7/8/20*

# INVOICE

**Ship/Sold-To: 837747**  
Coll Of DuPage-Dental Hygiene  
425 Fawell Blvd Rm 1122  
Dr Edward Chavez  
Glen Ellyn, IL 60137-6599

**Bill-To: 2310297**  
College Of DuPage  
425 Fawell Blvd  
Attn: Accounts Payable - Cindy Fisk  
Glen Ellyn, IL 60137-6708

01000023 010779 8975511 00000000191790629202

**APPROVED**

**07/13/20 BILYSS GALLYOT**

College Of DuPage  
425 Fawell Blvd  
Attn: Accounts Payable - Cindy Fisk  
Glen Ellyn, IL 60137-6708

*BO 3 70250  
2021 yr*

| Invoice#            | Invoice Date           | Due Date | Invoice Total |
|---------------------|------------------------|----------|---------------|
| 78989275            | 06/29/20               | 07/29/20 | \$191.79      |
| Purchase Order#     | Payment Terms          |          |               |
| <del>22800002</del> | Invoice Date + 30 days |          |               |
| Customer DEA#       | Customer State Reg#    |          |               |
|                     |                        |          |               |
| HSI Federal ID#     | HSI D&B#               |          |               |
| 11-3136595          | 01-243-0880            |          |               |

| LINE NO. | ITEM CODE | UNIT SIZE | DESCRIPTION   | QTY ORDERED | QTY SHIPPED | CODES | UNIT PRICE | EXT. PRICE | BOX NO. | SHIP FROM |
|----------|-----------|-----------|---|-------------|-------------|-------|------------|------------|---------|-----------|
| 1        | 129-8514  | 100/BG    | Safe-Flo SE Valve<br>ITEM UNDER LIMITED WARRANTY FROM INVOICE DATE.<br>* SPECIAL SCHEIN PRICE REDUCTION *                                     | 1           | 1           | W \$  | 33.29      | 33.29      | 1       | IN        |
| 2        | 129-8520  | 50/BG     | Safe-Flo Adapter<br>ITEM UNDER LIMITED WARRANTY FROM INVOICE DATE.<br>ESTIMATED DELIVERY DATE: 06/29/20<br>* SPECIAL SCHEIN PRICE REDUCTION * | 2           | 2           | W \$  | 16.46      | 32.92      | 2       | PA        |
| 3        | 945-4218  | 80/BX     | OptraGate 3D Retractor Assortment<br>* SPECIAL SCHEIN PRICE REDUCTION *   | 1           | 1           | \$    | 122.84     | 122.84     | 1       | IN        |

**MERCHANDISE TOTAL \$189.05**  
**INSURANCE AND/OR FREIGHT \$2.74**  
**INVOICE TOTAL \$191.79**

**INVOICE REVIEWED**

**OKAY TO PAY**

Please refer to back of paperwork for Terms & Conditions. Such terms are incorporated herein by reference.  
<https://www.henryschein.com/us-en/specialmarkets/LegalTerms.aspx>

Thank you for your order!

**JESSICA LANG 07/13/20**

| Ship To# | Bill To#   | Invoice#   | Invoice Date | Invoice Total | CODE STATUS KEY  |  |
|----------|------------|------------|--------------|---------------|--|--|
| 837747   | 2310297    | 78989275   | 06/29/20     | \$191.79      | S-Special Schein Pricing<br>B-Backordered; Item will follow<br>G-Good Item<br>D-Discontinued; Item no longer available<br>F-Special Offer<br>M-Item will ship directly from manufacturer<br>NC-No Charge<br>P-Prescription Drug; Return Authorization Required<br>*Item has Safety Data Sheet (SDS)<br>R-Refrigerated Item; May be shipped separately<br>SK-School Kit<br>SM-Shipped from Multiple Buildings<br>T-Taxable Item<br>U-Temporarily Unavailable; please reorder<br>W-Warranty Item<br>WH, MN, M2, DM-DSCSA CODES |  |
| Order#   | Order Date | # of Boxes | PO#          |               |  |  |
| 91027075 | 06/25/20   | 2          | BO 370250    |               |  |  |

**Distribution Names/Address**

IN: 5315 W 74th St. Indianapolis, IN 46208  
DEA#: RH0162494 State Reg#: 49001175A  
Chem. Reg#: 006574HNY

PA: 41 Weaver Rd. Danciger, PA 17517  
DEA#: RH0236667 State Reg#: 8000000663  
Chem. Reg#: 006573HNY