

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087485
Vendor Name: Medline Industries, Inc.
Invoice Number: 1916352882
Invoice Date: 07/08/20
PO Number: P0370167
Check Number: 0270939
Check Amount: \$ 129.81
Check Date: 07/14/2020
Department ID: 00225
Reviewer Name: Adrianna Costello
Voucher Number: V0634809
Redaction Type: None
Document Type: AP Invoice

Document Below

From: CustomerInvoices@medline.com
Sent: Wed Jul 08 05:53:34 CDT 2020
To: invoicing@cod.edu
CC:
Subject: Medline Invoices 1070839

Attached are Medline invoice/s.



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
370167	07/08/2020	1916352882

Sold To:

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

Ship To:

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

APPROVED
07/13/20 - DILYSS GALLERY

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3531		722277557		FEDEX GROUND		MEDLINE		1070839		USD		\$129.81	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT		

10	1.00	CS	1.00	CRI4000	TE	8006276030	16.31	16.31
				/GOWN, COVER, SPNBND, SIDE-NCK TIE, YEL, REG/L				
20	2.00	EA	2.00	HCSM70B	TE	8006276030	32.27	64.54
				/OXIMETER, PULSE, FINGERTIP, BASIC				
HCPCS Code #: E0445								
30	1.00	BX	1.00	MDS090735Z	TE	8006276030	2.60	2.60
				/PAD, PREP, ALCOHOL, STRL, MEDIUM, 2-PLY				
HCPCS Code #: A4245								
40	1.00	CS	1.00	MDS193074	TE	8006276030	37.49	37.49
				/GLOVE, EXAM, VINYL, ULTRA, PF, LF, SM				
HCPCS Code #: A4927								
70	1.00	BX	1.00	NPKQ55172Z	TE	8006276030	8.87	8.87
				/MBO-WIPE, GERMICIDE, SANI-CLTH, 6X6.7", 160CT				

INVOICE REVIEWED**OKAY TO PAY****ADRIANNA COSTELLO 07/13/20**

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

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

INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON LATE PAYMENTS.

MEDLINE INDUSTRIES, INC. INCLUDES REGISTRATION IN ILLINOIS AND IS A WHOLLY OWNED, CONTROLLED AND SUBSIDIARY OF MEDLINE INDUSTRIES HOLDING COMPANY, A DELAWARE PARTNERSHIP, AND MEDICAL SALES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS APPLICABLE.

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

REMITTANCE**Bill To:**

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

Customer #

1070839

Invoice #

1916352882

Invoice Date

07/08/2020

Sales Rep #

3531

Payment Terms

1% 10, Net 45

Amount Due

\$129.81

Remit To:

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

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
370167	07/08/2020	1916352882

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

GROSS	TAX AMOUNT	FREIGHT	TOTAL
129.81	0.00	0.00	\$129.81

Eligible Gross Amount \$129.81

Discount amount \$1.30 if recd. by 07/18/20

* Code

TE - Tax Exempt

C - Customer Freight