

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087485
Vendor Name: Medline Industries, Inc.
Invoice Number: 1941477140
Invoice Date: 02/11/21
PO Number: P0372351
Check Number: 0277359
Check Amount: \$ 1,516.00
Check Date: 03/09/2021
Department ID: 00225
Reviewer Name: Adrianna Costello
Voucher Number: V0661579
Redaction Type: None
Document Type: AP Invoice

Document Below

From: CustomerInvoices@medline.com <CustomerInvoices@medline.com >
Sent: Thu Feb 11 07:02:31 CST 2021
To: invoicing@cod.edu
CC:
Subject: [External] Medline Invoices 1070839

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Attached are Medline invoice/s.

[attachment: 1941477140.PDF]



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
372351	02/11/2021	1941477140

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

3 WAY MATCH

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3531		521754300		MTRN PARCEL		MEDLINE		1070839		USD		\$378.12	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT		

10	1.00	CS	1.00	SYR110021 /NEEDLE,BLUNT,18GX1"	TE	8030216059	87.39	87.39
30	2.00	CS	2.00	MDS193075 /GLOVE,EXAM,VINYL,ULTRA,PF,LF,MD	TE	8030216059	96.91	193.82
HCPCS Code #: A4927								
40	1.00	CS	1.00	MDS193076 /GLOVE,EXAM,VINYL,ULTRA,PF,LF,LG	TE	8030216059	96.91	96.91
HCPCS Code #: A4927								

GROSS	TAX AMOUNT	FREIGHT	TOTAL
378.12	0.00	0.00	\$378.12

Eligible Gross Amount \$378.12

Discount amount \$3.78 if recd. by 02/21/21

** Special Ship-To

* Code

TE - Tax Exempt

C - Customer Freight

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

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

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

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

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

REMITTANCE

Bill To:

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

Customer # 1070839
Invoice # 1941477140
Invoice Date 02/11/2021
Sales Rep # 3531
Payment Terms 1% 10, Net 45
Amount Due \$378.12

Remit To:

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

AMOUNT PAID \$ _____

Detach and return this portion with your payment

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087485
Vendor Name: Medline Industries, Inc.
Invoice Number: 1943528412
Invoice Date: 03/03/21
PO Number: P0372532
Check Number: 0277359
Check Amount: \$ 1,516.00
Check Date: 03/09/2021
Department ID: 00225
Reviewer Name: Adrianna Costello
Voucher Number: V0664009
Redaction Type: None
Document Type: AP Invoice

Document Below

From: CustomerInvoices@medline.com <CustomerInvoices@medline.com >
Sent: Wed Mar 03 05:10:01 CST 2021
To: invoicing@cod.edu
CC:
Subject: [External] Medline Invoices 1070839

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Attached are Medline invoice/s.

[attachment: 1943528412.PDF]



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
372532	03/03/2021	1943528412

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
03/09/21 - DILYSS GALLEY

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3531		522843710		MTRN PARCEL		MEDLINE		1070839		USD		\$1,137.88	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT		

10	1.00	CS	1.00	DYNC1820	TE	8032088260	40.97	40.97
/TRAY,CATHETER,URETHRAL,VINYL,PVP,14FR								
HCPCS Code #: A4353								
20	13.00	CS	13.00	DYND11855	TE	8032088260	81.11	1,054.43
/TRAY,FOLEY,SILI-ELAST,14FR,10ML,W/BAG								
HCPCS Code #: A4314								
30	1.00	CS	1.00	NPKD41900	TE	8032088260	42.48	42.48
/TOWELETTE,CASTILE SOAP,1M/CS								

GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,137.88	0.00	0.00	\$1,137.88

Eligible Gross Amount \$1,137.88

Discount amount \$11.38 if recd. by 03/13/21

** Special Ship-To

* Code

TE - Tax Exempt

C - Customer Freight

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 MISSING OR 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 (FAX: 800-075-3666). INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE. MEDLINE INDUSTRIES, INC. INCLUDES MEDLINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDLINE INDUSTRIES HOLDINGS, LP, A DELAWARE PARTNERSHIP, AND MEDICAL SALES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS APPLICABLE.

Billing Inquiries: 1-800-388-2111, ext. 1 / Sales Rep: Kelly Smith 7704118

INVOICE REVIEW
OKAY TO PAY
ADRIANNA COSTELLO
REMITTANCE

Bill To:

COLLEGE OF DU PAGE

425 FAWELL BLVD

GLEN ELLYN IL 60137-6599

Customer # 1070839

Invoice # 1943528412

Invoice Date 03/03/2021

Sales Rep # 3531

Payment Terms 1% 10, Net 45

Amount Due \$1,137.88

Remit To:

Medline Industries, Inc.

Dept CH 14400

Palatine IL 60055-4400

AMOUNT PAID \$ _____

Detach and return this portion with your payment