

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085770
Vendor Name: HF Acquisition Co LLC
Invoice Number: INV60560300
Invoice Date: 02/11/21
PO Number: B0371804
Check Number: E0083747
Check Amount: \$ 185.83
Check Date: 03/17/2021
Department ID: 00153
Reviewer Name: Jessica Lang
Voucher Number: V0665178
Redaction Type: None
Document Type: AP Invoice

Document Below

From: Conley, Cynthia <fiske@cod.edu>
Sent: Fri Mar 12 12:21:18 CST 2021
To: invoicing@cod.edu
CC:
Subject: Attached Image

[attachment: 0022_001.pdf]

**Remit Payment To:**

Dept CH 14330
Palatine, IL 60055-4330

****REPRINT******Bill To Customer: 3029625**

COLL OF DUPAGE-DENTAL HYGIENE
EDWARD ROGER CHAVEZ, DDS
425 FAWELL BLVD RM 1122
GLEN ELLYN, IL 60137
UNITED STATES

BD-804
371-804

Invoice INV60560300
Ship Date 2/11/2021
Amount Due: \$ 185.83
Page 1 of 1

Ship To/Sold To Customer: 3029625

COLL OF DUPAGE-DENTAL HYGIENE
425 FAWELL BLVD RM 1122
GLEN ELLYN, IL 60137
UNITED STATES



IMPORTANT NOTICE: A credit cannot be issued for returned prescription drugs or kit orders. Per the FDA compliance policy guidance manual, we cannot warrant drug safety, identity, strength, quality or purity of medications that have left our facility. Therefore, cannot accept any returns. Thank you for your understanding. Please see terms and conditions under www.healthfirst.com/terms-conditions that are incorporated per reference. Customers may have reporting obligations under federal law for any discounts received on purchased items. Please see terms and conditions for more detail on such obligations.

PO Number		Salesperson ID		Shipping Method		Payment Terms		Location		Kit No.	
BD 371 804		REFILL		UPS GROUND		NET ON RECEIPT				3030132	
Invoice	Billed	B/O	Item Number	Description		Lot/Serial	Exp date	Unit Price	Ext Price		
1	1	0	1005760	AUTO-REPLENISHMENT SHIPMENT				169.88	169.88		
2	2	0	1000200	DIPHENHYDRAMINE HCL INJECTION, USP 50mg/mL 1mL VIAL		070110	07/31/2022	0.00	0.00		
1	1	0	1005710	DSCSA COMPLIANCE				0.00	0.00		
1	1	0	1006280	ENVELOPE, RECOVERY UNUSED MEDICATIONS		N/A	03/08/2021	0.00	0.00		
2	2	0	1010300	NARCAN NALOXONE HCL NASAL SPRAY 4mg/.1mL SINGLE UNBOXED		201561	09/30/2023	0.00	0.00		
<div>INVOICE REVIEWED OKAY TO PAY JESSICA LANG 03/15/21 APPROVED 03/16/21 - DILYSS GALLYOT</div>											
REPLACEMENT FOR ITEMS EXPIRING IN YOUR EMERGENCY MEDICAL KIT								Subtotal	169.88		
								Shipping	15.95		
								Sales Tax	0.00		
								DSCSA Fee	0.00		
								Total	185.83		
								Less Amount Rec'd	(0.00)		
								Total Amount Due	185.83		

EDWARD ROGER CHAVEZ, DDS

State License: 019017516

DEA License: NCS

EDWARD ROGER CHAVEZ, DDS

State License: 019017516

DEA License: NCS

TEL: 800-331-1984 FAX: 425-775-2374
FIN: 27-0535896 DEA: RH0498964
FL permit 23:2371 PHMF: FX.60650635
PHWH: FX.60650206

HF Acquisition CO, LLC
11629 49th PL W
Mukilteo, WA 98275

R20210211-1

Email: CustomerService@healthfirst.com

To make payments or to access your
ePedigree, visit:

<https://www.healthfirst.com/ontraq>