

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1085910  
Vendor Name: Henry Schein  
Invoice Number: 93421281  
Invoice Date: 05/06/21  
PO Number: P0372512  
Check Number: E0085248  
Check Amount: \$ 7,127.76  
Check Date: 06/22/2021  
Department ID: 00181  
Reviewer Name:  
Voucher Number: V0674317  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

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

Customer Service  
1-800-472-4346

## INVOICE

|              |   |                        |
|--------------|---|------------------------|
| Invoice #    | : | 93421281               |
| Invoice Date | : | 05/06/21               |
| Amount       | : | 666.66                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 06/05/21               |

Page 1 of 2

**3 WAY MATCH**

College Of Dupage  
425 Fawell Blvd  
Accts Payable  
Glen Ellyn, IL 601376599

Ship To / Sold To:

College Of Dupage  
425 Fawell Blvd  
Attn Rec'g/Dr. Valerie Jean Phillips  
Glen Ellyn IL 601376599

|            |   |              |           |   |                          |            |   |          |
|------------|---|--------------|-----------|---|--------------------------|------------|---|----------|
| Cust #     | : | 2592647      | Ship Date | : | 05/06/21                 | Sls Ord #  | : | 15305043 |
| Cust P O # | : | IPH_86613871 | Ship Via  | : | UPS Chicago Special Sort | Sls Ord Dt | : | 05/06/21 |
|            |   |              |           |   |                          | Sls Rep    | : | M2140    |

| Item #   | Ship | BO | UOM  | Description                   | Unit Price | Amount                   | Tax Status |
|--|------|----|------|-------------------------------|------------|--------------------------|------------|
| 5650005  | 2    | 0  | Case | Xceed PF Nitrile Glove MEDIUM | 333.3300   | 666.66                   |            |
| 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.                                  |      |    |      |                               |            | Sub-Total                | 666.66     |
| No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.         |      |    |      |                               |            | Tax                      | 0.00       |
|  |      |    |      |                               |            | Shipping and/or Handling | 0.00       |
|  |      |    |      |                               |            | Total Amount             | 666.66     |

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000259264793421281110000000000666660506215

|              |   |                        |
|--------------|---|------------------------|
| Cust #       | : | 2592647                |
| Invoice #    | : | 93421281               |
| Invoice Date | : | 05/06/21               |
| Amount       | : | 666.66                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 06/05/21               |

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

-----  
From: Henry Schein Inc <henryschein@billtrust.com >  
Sent: Sun May 09 22:59:06 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: [External] Acct No. 2592647: Your Invoice From Henry Schein, Inc. is Attached  
-----

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.

## Henry Schein, Inc.

Attached is your invoice from Henry Schein, Inc..

Account Number : 2592647

**INVOICE NUMBER**

**93421281**

**PO NUMBER**

**IPH\_86613871**

**AMOUNT**

**\$666.66**

**Want to save some time and effort? We now can provide your invoice information in an Easy Import file so you can import invoice information directly into your accounting system. [Click Here](#) to find out more and get setup today.**

**Please Note: We use the industry standard PDF format for storing and displaying bills. This makes it very easy to print or save your bill to your PC. If you're unable to view this attachment, please click here to get the latest version of the free [Acrobat Reader](#).**

**Thank you for helping the environment by using email billing.**

ⓧ Please Do Not Reply to This Message. \*This is an unmonitored mailbox which is unable to receive replies. Replies to this message will not be read or responded to. Any requests to submit payments, make account changes or request additional information should be directed to Henry Schein's Customer Service team at 1-800-472-4346 or to your local credit team representative. For additional resources, you may also enroll or log into your account by visiting our website at [www.henryschein.com](http://www.henryschein.com)



[attachment: henryschein\_2592647\_20210509\_20373754\_7576971852.pdf]

# 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.

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 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 DEA registration. For controlled substances, furnish a copy of your DEA registration 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 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, please mail the form to:

Henry Schein, Inc. • Suite 300, 5315 West 74th Street • Indianapolis, IN 46268

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

(M/N, 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.

## 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.

**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-8:30pm, 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 [custserv@henryschein.com](mailto:custserv@henryschein.com)

Aruba® Support 1-800-711-6032 8am-8pm, et  
PRIVILEGES 1-866-633-8477 9am-5:30pm, et  
Henry Schein Financial Services 1-800-443-2756 8am-8:30pm, et  
ProRepair 1-800-367-3674 8am-5pm, 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 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 Athletics and Schools

To Place An Order 1-800-323-5110 8am-8:30pm, et  
To Fax An Order 1-800-524-4989 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)

## 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 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, are expired 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).

## 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: 94192860

Invoice Date: 05/27/21

PO Number: B0370250

Check Number: E0085248

Check Amount: \$ 7,127.76

Check Date: 06/22/2021

Department ID: 00153

Reviewer Name: Jessica Lang

Voucher Number: V0684163

Redaction Type: None

Document Type: AP Invoice

Document Below

-----  
From: Conley, Cynthia <fiske@cod.edu>  
Sent: Tue Jun 01 08:30:16 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: Attached Image  
-----

[attachment: 0270\_001.pdf]



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Address Service Requested

Customer Service  
1-800-472-4348

# INVOICE

|              |                          |
|--------------|--------------------------|
| Invoice #    | : 94192860               |
| Invoice Date | : 05/27/21               |
| Amount       | : 1,832.55               |
| Terms        | : Invoice Date + 30 days |
| Due Date     | : 06/26/21               |

Page 1 of 3

Bill To:

**APPROVED**

College of DuPage  
425 Fawell Blvd  
Atn: Accounts Payable - Cindy Fisk  
Glen Ellyn, IL 60137-6700

**06/08/21 - LISA STOCK**

Ship To / Sold To:

Coll Of DuPage-Dental Hygiene  
425 Fawell Blvd Rm 1122  
D Edward Chavez  
Glen Ellyn IL 601376599

STATE REG#: 019017516

1832.55

|            |              |           |                            |            |            |
|------------|--------------|-----------|----------------------------|------------|------------|
| Cust #     | : 2310297    | Ship Date | : 05/27/21                 | Sls Ord #  | : 15987675 |
| Cust P O # | : BO 370-250 | Ship Via  | : UPS Chicago Special Sort | Sls Ord Dt | : 05/26/21 |
|            |              |           |                            | Sls Rep    | : IL94     |

| Item #  | Ship | BO | UOM      | Description                           | Unit Price | Amount | Tax Status |
|---------|------|----|----------|---------------------------------------|------------|--------|------------|
| 1009175 | 8    | 0  | 1000/Bx  | Cotton Tipped Applicator N/S 6"       | 14.6200    | 116.96 |            |
| 5650042 | 10   | 0  | 300/Bx   | Ultraform PF Nitrile Glove small/med  | 68.8100    | 688.10 |            |
| 1313943 | 6    | 0  | 3.4oz/Bt | Prevident 5000 Dry Mouth Mint         | 4.0000     | 24.00  |            |
|         |      |    |          | NDC#: 00126001661                     |            |        |            |
| 8110825 | 4    | 0  | 300/Bx   | Schick Elite/33 Sheaths Size 1        | 57.5900    | 230.36 |            |
| 1890254 | 4    | 0  | 500/Bx   | Digital Sensor Shield                 | 70.1900    | 280.76 |            |
| 1670128 | 1    | 0  | Ea       | Cavitron FSI Slimline Insert 30K 1000 | 152.7100   | 152.71 |            |
| 1070933 | 1    | 0  | Ea       | Hemostat Mesquite Ser Curved          | 58.9400    | 58.94  |            |
| 5430206 | 6    | 0  | 24/Ca    | Colgate Enamel Health TPaste .85 oz   | 7.6800     | 46.08  |            |
| 9000937 | 4    | 0  | 50/Pk    | Disposable Tray Inserts               | 25.1900    | 100.76 |            |
| 1024082 | 3    | 0  | 1000/Ca  | Tray Cover 8.5"x12.25" Lavender       | 23.1400    | 69.42  |            |
| 1211944 | 2    | 0  | Ea       | Implant Explorer 5 DE                 | 30.8600    | 61.72  |            |

MN - 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 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.

Continued on next page

Tax ID # 11-3136595

DUNS # 01-243-0880

Remittance Section



**INVOICE REVIEWED**

010000231029794192860110000000001832550527216

**OKAY TO PAY**

|              |                          |
|--------------|--------------------------|
| Cust #       | : 2310297                |
| Invoice #    | : 94192860               |
| Invoice Date | : 05/27/21               |
| Amount       | : 1,832.55               |
| Terms        | : Invoice Date + 30 days |
| Due Date     | : 06/26/21               |

Remit To:

**JESSICA LANG 06/03/21**

Henry Schein  
Dept G11241  
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Address Service Requested

Customer Service  
1-800-472-4346

# INVOICE

|              |   |                        |
|--------------|---|------------------------|
| Invoice #    | : | 94192860               |
| Invoice Date | : | 05/27/21               |
| Amount       | : | 1,832.55               |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 06/26/21               |

Page 2 of 3

Bill To:

College Of DuPage  
425 Fawell Blvd  
Attn: Accounts Payable - Cindy Fisk  
Glen Ellyn, IL 601376708

Ship To / Sold To:

Coll Of DuPage-Dental Hygiene  
425 Fawell Blvd Rm 1122  
Dr Edward Chavez  
Glen Ellyn IL 601376599

STATE REG#: 019017516

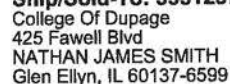
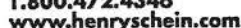
|            |   |            |           |   |                          |            |   |          |
|------------|---|------------|-----------|---|--------------------------|------------|---|----------|
| Cust #     | : | 2310297    | Ship Date | : | 05/27/21                 | Sls Ord #  | : | 15987675 |
| Cust P O # | : | BO 370-250 | Ship Via  | : | UPS Chicago Special Sort | Sls Ord Dt | : | 05/26/21 |
|            |   |            |           |   |                          | Sls Rep    | : | IL94     |

| Item #  | Ship | BO | UOM | Description | Unit Price | Amount                   | Tax Status |
|---|------|----|-----|-------------|------------|--------------------------|------------|
| 1-800-472-4346.<br>This order has been processed by our Henry Schein, Inc, Midwest Dist Center, 5315 W 74th St Bldg 138, Indianapolis, IN 462685135<br>Northeast Distribution Center, 41 WEAVER ROAD, DENVER, PA 17517<br>Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.<br>No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice. |      |    |     |             |            |                          |            |
|   |      |    |     |             |            | Sub-Total                | 1,829.81   |
|   |      |    |     |             |            | Tax                      | 0.00       |
|   |      |    |     |             |            | Shipping and/or Handling | 2.74       |
|   |      |    |     |             |            | Total Amount             | 1,832.55   |

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1085910  
Vendor Name: Henry Schein  
Invoice Number: 93415347  
Invoice Date: 05/20/21  
PO Number: P0373457  
Check Number: E0085248  
Check Amount: \$ 7,127.76  
Check Date: 06/22/2021  
Department ID: 17100  
Reviewer Name: Beverly Smith  
Voucher Number: V0684229  
Redaction Type: None  
Document Type: AP Invoice

Document Below



College Of Dupage  
425 Fawell Blvd  
Glen Ellyn, IL 60137-6599

COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 601376599

**APPROVED**  
**06/10/21 - RYAN KAISER**

|                                      |                                 |  |                                  |
|--------------------------------------|---------------------------------|--|----------------------------------|
| <b>Invoice#</b><br>93415347          | <b>Invoice Date</b><br>05/20/21 | <b>Due Date</b><br>06/19/21                    | <b>Invoice Total</b><br>\$279.22 |
| <b>Purchase Order#</b><br>373457     |                                 | <b>Payment Terms</b><br>Invoice Date + 30 days |                                  |
| <b>Customer DEA#</b>                 |                                 | <b>Customer State Reg#</b>                     |                                  |
| <b>HSI Federal ID#</b><br>11-3136595 |                                 | <b>HSI D&amp;B#</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 |
|----------|-----------|-----------|-------------|-------------|-------------|-------|------------|------------|---------|-----------|
|----------|-----------|-----------|-------------|-------------|-------------|-------|------------|------------|---------|-----------|

*This is a backordered shipment for order:14965246 original invoice:93051594*

|   |          |    |                                |   |   |        |        |
|---|----------|----|--------------------------------|---|---|--------|--------|
| 1 | 129-4317 | EA | Headpiece Rplcmnt Pad f/ Strtc | 2 | 2 | 139.61 | 279.22 |
|---|----------|----|--------------------------------|---|---|--------|--------|

|                   |          |
|-------------------|----------|
| MERCHANDISE TOTAL | \$279.22 |
| INVOICE TOTAL     | \$279.22 |

**INVOICE REVIEWED  
OKAY TO PAY**

**BEVERLY SMITH 06/09/21**  
Thank you for your order!

|                           |                               |                             |                                 |                                  |   |
|---------------------------|-------------------------------|-----------------------------|---------------------------------|----------------------------------|---|
| <b>Ship To#</b><br>351237 | <b>Bill To#</b><br>3351234    | <b>Invoice#</b><br>93415347 | <b>Invoice Date</b><br>05/20/21 | <b>Invoice Total</b><br>\$279.22 | <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, MZ, DM-DSCSA CODES |
| <b>Order#</b><br>14965246 | <b>Order Date</b><br>04/28/21 | <b># of Boxes</b>           | <b>PO#</b><br>373457            |                                  |   |



-----  
From: Barrios, Isabel <barriosi142@cod.edu>  
Sent: Wed Jun 02 11:01:08 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: Attached Image  
-----

[attachment: 0732\_001.pdf]

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1085910  
Vendor Name: Henry Schein  
Invoice Number: 94553873  
Invoice Date: 06/04/21  
PO Number: B0370250  
Check Number: E0085248  
Check Amount: \$ 7,127.76  
Check Date: 06/22/2021  
Department ID: 00153  
Reviewer Name: Jessica Lang  
Voucher Number: V0685169  
Redaction Type: None  
Document Type: AP Invoice

Document Below



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

Address Service Requested

## INVOICE

|              |   |                        |
|--------------|---|------------------------|
| Invoice #    | : | 94553873               |
| Invoice Date | : | 06/04/21               |
| Amount       | : | 78.29                  |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/04/21               |

Page 1 of 2

Bill To:

**06/08/21 - LISA STOCK**

College Of DuPage  
425 Fawell Blvd  
Attn: Accounts Payable - Cindy Fisk  
Glen Ellyn, IL 601376708

Ship To / Sold To:

Coll Of DuPage-Dental Hygiene  
425 Fawell Blvd Rm 1122  
Dr Edward Chavez  
Glen Ellyn IL 601376599

|            |   |            |           |   |                      |            |   |          |
|------------|---|------------|-----------|---|----------------------|------------|---|----------|
| Cust #     | : | 2310297    | Ship Date | : | 06/04/21             | Sls Ord #  | : | 15987675 |
| Cust P O # | : | BO 370-250 | Ship Via  | : | United Parcel Zone 4 | Sls Ord Dt | : | 05/26/21 |
|            |   |            |           |   |                      | Sls Rep    | : | IL94     |

| Item #  | Ship | BO | UOM | Description                   | Unit Price | Amount                   | Tax Status   |
|---|------|----|-----|-------------------------------|------------|--------------------------|--------------|
| 4260064   | 1    | 0  | Ea  | Diagnostix E-sphyg Navy Adult | 78.2900    | 78.29                    |              |
| <p>This is a backordered shipment for order:15987675 original invoice:94192861<br/>           MN - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website <a href="http://www.henryschein.com/pedigree">www.henryschein.com/pedigree</a>. 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.<br/>           This order has been processed by our Henry Schein, Inc. Midwest Dist Center, 5315 W 74th St Bldg 138, Indianapolis, IN 462685135<br/>           Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.<br/>           No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.</p> |      |    |     |                               |            |                          |              |
|   |      |    |     |                               |            | Sub-Total                | 78.29        |
|   |      |    |     |                               |            | Tax                      | 0.00         |
|   |      |    |     |                               |            | Shipping and/or Handling | 0.00         |
|   |      |    |     |                               |            | <b>Total Amount</b>      | <b>78.29</b> |

**INVOICE REVIEWED**  
**OKAY TO PAY**  
**JESSICA LANG 06/07/21**

Tax ID # 11-3136595 DUNS # 01-243-0880  
Remittance Section



010000231029794553873110000000000078290604217

|              |   |                        |
|--------------|---|------------------------|
| Cust #       | : | 2310297                |
| Invoice #    | : | 94553873               |
| Invoice Date | : | 06/04/21               |
| Amount       | : | 78.29                  |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/04/21               |

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

-----  
From: Henry Schein Inc <henryschein@billtrust.com >  
Sent: Sun Jun 06 22:26:36 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: [External] Acct No. 2310297: Your Invoice From Henry Schein, Inc. is Attached  
-----

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.

## Henry Schein, Inc.

Attached is your invoice from Henry Schein, Inc..

Account Number : 2310297

**INVOICE NUMBER**

**94553873**

**PO NUMBER**

**BO 370-250**

**AMOUNT**

**\$78.29**

**Want to save some time and effort? We now can provide your invoice information in an Easy Import file so you can import invoice information directly into your accounting system. [Click Here](#) to find out more and get setup today.**

**Please Note: We use the industry standard PDF format for storing and displaying bills. This makes it very easy to print or save your bill to your PC. If you're unable to view this attachment, please click here to get the latest version of the free [Acrobat Reader](#).**

**Thank you for helping the environment by using email billing.**

ⓧ Please Do Not Reply to This Message. \*This is an unmonitored mailbox which is unable to receive replies. Replies to this message will not be read or responded to. Any requests to submit payments, make account changes or request additional information should be directed to Henry Schein's Customer Service team at 1-800-472-4346 or to your local credit team representative. For additional resources, you may also enroll or log into your account by visiting our website at [www.henryschein.com](http://www.henryschein.com)



[attachment: henryschein\_2310297\_20210606\_20595979\_7690693587.pdf]

# 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.

**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 DEA registration. For controlled substances, furnish a copy of your DEA registration 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 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, please mail the form to:

**Henry Schein, Inc. • Suite 300, 5315 West 74th Street • Indianapolis, IN 46268**

## 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

## 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, are expired 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). If you will be visiting the Miami area, please stop by and see our full-service facility at: 1912 NW 84th Ave., Doral, FL 33126.

**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.

## 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.

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.



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

### To Place An Order:

**1-800-372-4346 8am-8:30pm, et**

### To Fax An Order:

**1-800-732-7023 24 Hours**

### Customer Service:

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

Equipment Sales & Service  
ARUBA® 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-5pm, et**

Terms of Sale may change without notice. For current information, go to [www.henryschein.com/legalterms](http://www.henryschein.com/legalterms).

Den-1/19/18-5.0

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1085910  
Vendor Name: Henry Schein  
Invoice Number: 94497551  
Invoice Date: 06/03/21  
PO Number: P0373379  
Check Number: E0085248  
Check Amount: \$ 7,127.76  
Check Date: 06/22/2021  
Department ID: 00157  
Reviewer Name: Jessica Lang  
Voucher Number: V0685271  
Redaction Type: None  
Document Type: AP Invoice

Document Below





Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

# INVOICE

|              |   |                        |
|--------------|---|------------------------|
| Invoice #    | : | 94497551               |
| Invoice Date | : | 06/03/21               |
| Amount       | : | 539.76                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/03/21               |

Address Service Requested

**APPROVED**  
**06/08/21 - LISA STOCK**

Page 1 of 2

Ship To / Sold To:  
College Of Dupage  
425 Fawell Blvd  
Glen Ellyn IL 601376708

College Of Dupage  
425 Fawell Blvd  
Attn: Accounts Payable SRC 2132  
Glen Ellyn, IL 601376708

|            |   |         |           |   |                                |            |   |          |
|------------|---|---------|-----------|---|--------------------------------|------------|---|----------|
| Cust #     | : | 3136679 | Ship Date | : | 06/03/21                       | Sls Ord #  | : | 16248516 |
| Cust P O # | : | 373379  | Ship Via  | : | UPS Lancaster/Harrisburg Zone4 | Sls Ord Dt | : | 06/03/21 |
|            |   |         |           |   |                                | Sls Rep    | : | C405     |

| Item #  | Ship | BO | UOM    | Description                        | Unit Price | Amount | Tax Status |
|---|------|----|--------|------------------------------------|------------|--------|------------|
| 3980138   | 24   | 0  | 100/Bx | Ammex Blue PF Nitrile Glove Medium | 22.4900    | 539.76 |            |
| ** special contract price **  |      |    |        |                                    |            |        |            |
| THIS PRODUCT IS BEING SHIPPED FROM OUR NORTHEAST DISTRIBUTION CENTER. |      |    |        |                                    |            |        |            |

Deliver To: Melissa McKirdie, HSC 122

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                | 539.76        |
| Tax                      | 0.00          |
| Shipping and/or Handling | 0.00          |
| <b>Total Amount</b>      | <b>539.76</b> |

**INVOICE REVIEWED**  
**OKAY TO PAY**  
**JESSICA LANG 06/07/21**

Tax ID # 11-3136595

DUNS # 01-243-0880

Remittance Section



010000313667994497551110000000000539760603216

|              |   |                        |
|--------------|---|------------------------|
| Cust #       | : | 3136679                |
| Invoice #    | : | 94497551               |
| Invoice Date | : | 06/03/21               |
| Amount       | : | 539.76                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/03/21               |

## Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

-----  
From: Henry Schein Inc <henryschein@billtrust.com >  
Sent: Sun Jun 06 22:30:30 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: [External] Acct No. 3136679: Your Invoices From Henry Schein, Inc. are Attached  
-----

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.

## Henry Schein, Inc.

Attached are your invoices from Henry Schein, Inc..

Account Number : 3136679

| <u>INVOICE NUMBER</u> | <u>PO NUMBER</u> | <u>AMOUNT</u>   |
|-----------------------|------------------|-----------------|
| <b>94497551</b>       | <b>373379</b>    | <b>\$539.76</b> |
| <b>94510031</b>       | <b>374107</b>    | <b>\$108.33</b> |

**Want to save some time and effort? We now can provide your invoice information in an Easy Import file so you can import invoice information directly into your accounting system. [Click Here](#) to find out more and get setup today.**

**Please Note: We use the industry standard PDF format for storing and displaying bills. This makes it very easy to print or save your bill to your PC. If you're unable to view this attachment, please click here to get the latest version of the free [Acrobat Reader](#).**

**Thank you for helping the environment by using email billing.**

ⓧ \*Please Do Not Reply to This Message. \*This is an unmonitored mailbox which is unable to receive replies. Replies to this message will not be read or responded to. Any requests to submit payments, make account changes or request additional information should be directed to Henry Schein's™ Customer Service team at 1-800-472-4346 or to your local credit team representative. For additional resources, you may also enroll or log into your account by visiting our website at [www.henryschein.com](http://www.henryschein.com)



[attachment: henryschein\_3136679\_20210606\_20595979\_7690735239.pdf]

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1085910

Vendor Name: Henry Schein

Invoice Number: 94510031

Invoice Date: 06/03/21

PO Number: P0374107

Check Number: E0085248

Check Amount: \$ 7,127.76

Check Date: 06/22/2021

Department ID: 00258

Reviewer Name:

Voucher Number: V0686040

Redaction Type: None

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

Document Below



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Address Service Requested

**3 WAY MATCH**

Bill To:

College Of Dupage  
425 Fawell Blvd  
Attn: Accounts Payable SRC 2132  
Glen Ellyn, IL 601376708

Customer Service  
1-800-472-4346

# INVOICE

|              |   |                        |
|--------------|---|------------------------|
| Invoice #    | : | 94510031               |
| Invoice Date | : | 06/03/21               |
| Amount       | : | 108.33                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/03/21               |

Page 1 of 2

Ship To / Sold To:

College Of Dupage  
425 Fawell Blvd  
Glen Ellyn IL 601376708

|            |   |         |           |   |                                |            |   |          |
|------------|---|---------|-----------|---|--------------------------------|------------|---|----------|
| Cust #     | : | 3136679 | Ship Date | : | 06/03/21                       | Sls Ord #  | : | 16260934 |
| Cust P O # | : | 374107  | Ship Via  | : | UPS Lancaster/Harrisburg Zone4 | Sls Ord Dt | : | 06/03/21 |
|            |   |         |           |   |                                | Sls Rep    | : | C405     |

| Item #  | Ship   | BO | UOM   | Description                   | Unit Price | Amount | Tax Status |
|---------|--|----|-------|-------------------------------|------------|--------|------------|
| 1042849 | 3  | 0  | 50/Bx | HSI Earloop Mask L1 Yellow    | 7.3100     | 21.93  |            |
|         | The higher price on this product is a direct result of increased cost from our manufacturers during the COVID-19 Pandemic. |    |       |                               |            |        |            |
|         | ** special contract price **   |    |       |                               |            |        |            |
| 4994851 | 4  | 0  | Box   | ET Tube Cuffed W/Stylet 7.5mm | 21.6000    | 86.40  |            |
|         | THIS PRODUCT IS BEING SHIPPED FROM OUR NORTHEAST DISTRIBUTION CENTER.  |    |       |                               |            |        |            |
|         | ** special contract price **   |    |       |                               |            |        |            |

Deliver To: Kathy Cabai, HSC 1220

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                | 108.33        |
| Tax                      | 0.00          |
| Shipping and/or Handling | 0.00          |
| <b>Total Amount</b>      | <b>108.33</b> |

Tax ID # 11-3136595

DUNS # 01-243-0880

Remittance Section



010000313667994510031110000000000108330603211

|              |   |                        |
|--------------|---|------------------------|
| Cust #       | : | 3136679                |
| Invoice #    | : | 94510031               |
| Invoice Date | : | 06/03/21               |
| Amount       | : | 108.33                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/03/21               |

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

-----  
From: Henry Schein Inc <henryschein@billtrust.com >  
Sent: Sun Jun 06 22:30:30 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: [External] Acct No. 3136679: Your Invoices From Henry Schein, Inc. are Attached  
-----

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.

## Henry Schein, Inc.

Attached are your invoices from Henry Schein, Inc..

Account Number : 3136679

| <u>INVOICE NUMBER</u> | <u>PO NUMBER</u> | <u>AMOUNT</u>   |
|-----------------------|------------------|-----------------|
| <b>94497551</b>       | <b>373379</b>    | <b>\$539.76</b> |
| <b>94510031</b>       | <b>374107</b>    | <b>\$108.33</b> |

**Want to save some time and effort? We now can provide your invoice information in an Easy Import file so you can import invoice information directly into your accounting system. [Click Here](#) to find out more and get setup today.**

**Please Note: We use the industry standard PDF format for storing and displaying bills. This makes it very easy to print or save your bill to your PC. If you're unable to view this attachment, please click here to get the latest version of the free [Acrobat Reader](#).**

**Thank you for helping the environment by using email billing.**

ⓧ \*Please Do Not Reply to This Message. \*This is an unmonitored mailbox which is unable to receive replies. Replies to this message will not be read or responded to. Any requests to submit payments, make account changes or request additional information should be directed to Henry Schein's Customer Service team at 1-800-472-4346 or to your local credit team representative. For additional resources, you may also enroll or log into your account by visiting our website at [www.henryschein.com](http://www.henryschein.com)



[attachment: henryschein\_3136679\_20210606\_20595979\_7690735239.pdf]

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1085910

Vendor Name: Henry Schein

Invoice Number: 93263637

Invoice Date: 05/25/21

PO Number: P0373457

Check Number: E0085248

Check Amount: \$ 7,127.76

Check Date: 06/22/2021

Department ID: 17100

Reviewer Name:

Voucher Number: V0686160

Redaction Type: None

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

Document Below



## INVOICE

Ship/Sold-To: 3351237

College Of Dupage  
425 Fawell Blvd  
NATHAN JAMES SMITH  
Glen Ellyn, IL 60137-6599

010000335123493263637110000000000473730525218

Bill-To: 3351234

College Of Dupage  
425 Fawell Blvd  
Glen Ellyn, IL 60137-6599COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 601376599**3 WAY MATCH**

|                               |                          |   |                           |
|-------------------------------|--------------------------|---|---------------------------|
| Invoice#<br>93263637          | Invoice Date<br>05/25/21 | Due Date<br>06/24/21                    | Invoice Total<br>\$473.73 |
| Purchase Order#<br>373457     |                          | 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 |
|---|-----------|-----------|-------------------------------------|-------------|-------------|-------|------------|------------|---------|-----------|
| This is a backordered shipment for order:14965246 original invoice:93051594 |           |           |                                     |             |             |       |            |            |         |           |
| 1   | 131-6704  | EA        | Test Functional Movement Scrn White | 3           | 3           |       | 157.91     | 473.73     |         |           |
| MERCHANDISE TOTAL   |           |           |                                     |             |             |       | \$473.73   |            |         |           |
| INVOICE TOTAL   |           |           |                                     |             |             |       | \$473.73   |            |         |           |

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>3351237 | Bill To#<br>3351234    | Invoice#<br>93263637 | Invoice Date<br>05/25/21 | Invoice Total<br>\$473.73 | <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>14965246  | Order Date<br>04/28/21 | # of Boxes           | PO#<br>373457            |                           |  |

-----  
From: Zerrudo, Maria <zerrudom@cod.edu>  
Sent: Wed Jun 09 11:38:56 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: Attached Image  
-----

[attachment: 0783\_001.pdf]

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1085910

Vendor Name: Henry Schein

Invoice Number: 94736414

Invoice Date: 06/09/21

PO Number: P0372512

Check Number: E0085248

Check Amount: \$ 7,127.76

Check Date: 06/22/2021

Department ID: 00181

Reviewer Name:

Voucher Number: V0686783

Redaction Type: None

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

Document Below

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

Customer Service  
1-800-472-4346

## INVOICE

|              |   |                        |
|--------------|---|------------------------|
| Invoice #    | : | 94736414               |
| Invoice Date | : | 06/09/21               |
| Amount       | : | 324.00                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/09/21               |

Page 1 of 2

Bill To:  
**3 WAY MATCH**

College Of Dupage  
425 Fawell Blvd  
Accts Payable  
Glen Ellyn, IL 601376599

Ship To / Sold To:

College Of Dupage  
425 Fawell Blvd  
Attn Rec'g/Dr. Valerie Jean Phillips  
Glen Ellyn IL 601376599

|            |   |         |           |   |                          |            |   |          |
|------------|---|---------|-----------|---|--------------------------|------------|---|----------|
| Cust #     | : | 2592647 | Ship Date | : | 06/09/21                 | Sls Ord #  | : | 16438942 |
| Cust P O # | : | 372512  | Ship Via  | : | UPS Chicago Special Sort | Sls Ord Dt | : | 06/09/21 |
|            |   |         |           |   |                          | Sls Rep    | : | M2140    |

| Item #  | Ship | BO | UOM  | Description                  | Unit Price | Amount                   | Tax Status |
|---------|------|----|------|------------------------------|------------|--------------------------|------------|
| 5650006 | 1    | 0  | Case | Xceed PF Nitrile Glove LARGE | 324.0000   | 324.00                   |            |
|         |      |    |      |                              |            | Sub-Total                | 324.00     |
|         |      |    |      |                              |            | Tax                      | 0.00       |
|         |      |    |      |                              |            | Shipping and/or Handling | 0.00       |
|         |      |    |      |                              |            | Total Amount             | 324.00     |

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.

Tax ID # 11-3136595 DUNS # 01-243-0880  
Remittance Section



010000259264794736414110000000000324000609212

|              |   |                        |
|--------------|---|------------------------|
| Cust #       | : | 2592647                |
| Invoice #    | : | 94736414               |
| Invoice Date | : | 06/09/21               |
| Amount       | : | 324.00                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/09/21               |

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

-----  
From: Henry Schein Inc <henryschein@billtrust.com >

Sent: Sun Jun 13 22:26:03 CDT 2021

To: invoicing@cod.edu

CC:

Subject: [External] Acct No. 2592647: Your Invoices From Henry Schein, Inc. are Attached  
-----

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.

## Henry Schein, Inc.

Attached are your invoices from Henry Schein, Inc..

Account Number : 2592647

| <u>INVOICE NUMBER</u> | <u>PO NUMBER</u> | <u>AMOUNT</u>   |
|-----------------------|------------------|-----------------|
| <b>94736414</b>       | <b>372512</b>    | <b>\$324.00</b> |
| <b>21087467</b>       | <b>372512</b>    | <b>-\$18.60</b> |

**Want to save some time and effort? We now can provide your invoice information in an Easy Import file so you can import invoice information directly into your accounting system. [Click Here](#) to find out more and get setup today.**

**Please Note: We use the industry standard PDF format for storing and displaying bills. This makes it very easy to print or save your bill to your PC. If you're unable to view this attachment, please click here to get the latest version of the free [Acrobat Reader](#).**

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[attachment: henryschein\_2592647\_20210613\_20650985\_7717545815.pdf]

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1085910

Vendor Name: Henry Schein

Invoice Number: 94705929

Invoice Date: 06/08/21

PO Number: P0374224

Check Number: E0085248

Check Amount: \$ 7,127.76

Check Date: 06/22/2021

Department ID: 00125

Reviewer Name:

Voucher Number: V0686784

Redaction Type: None

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

Document Below



-----  
From: Henry Schein Inc <henryschein@billtrust.com >  
Sent: Sun Jun 13 22:29:16 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: [External] Acct No. 3136679: Your Invoice From Henry Schein, Inc. is Attached  
-----

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.

## Henry Schein, Inc.

Attached is your invoice from Henry Schein, Inc..

Account Number : 3136679

**INVOICE NUMBER**

**94705929**

**PO NUMBER**

**374224**

**AMOUNT**

**\$2,427.91**

**Want to save some time and effort? We now can provide your invoice information in an Easy Import file so you can import invoice information directly into your accounting system. [Click Here](#) to find out more and get setup today.**

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[attachment: henryschein\_3136679\_20210613\_20650985\_7717582955.pdf]



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Address Service Requested

Customer Service  
1-800-472-4346

## INVOICE

|              |   |                        |
|--------------|---|------------------------|
| Invoice #    | : | 94705929               |
| Invoice Date | : | 06/08/21               |
| Amount       | : | 2,427.91               |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/08/21               |

Page 1 of 3

Bill To:

**3 WAY MATCH**

Ship To / Sold To:

College Of Dupage  
425 Fawell Blvd  
Glen Ellyn IL 601376708

College Of Dupage  
425 Fawell Blvd  
Attn: Accounts Payable SRC 2132  
Glen Ellyn, IL 601376708

|            |   |         |           |   |                          |            |   |          |
|------------|---|---------|-----------|---|--------------------------|------------|---|----------|
| Cust #     | : | 3136679 | Ship Date | : | 06/08/21                 | Sls Ord #  | : | 16417044 |
| Cust P O # | : | 374224  | Ship Via  | : | UPS Chicago Special Sort | Sls Ord Dt | : | 06/08/21 |
|            |   |         |           |   |                          | Sls Rep    | : | C405     |

| Item #  | Ship   | BO | UOM   | Description                          | Unit Price | Amount   | Tax Status |
|---------|--|----|-------|--------------------------------------|------------|----------|------------|
| 1106029 | 1  | 0  | Ea    | BP Kit w/Stethoscope Adult LG 13-17" | 26.1300    | 26.13    |            |
|         | ** special contract price **   |    |       |                                      |            |          |            |
| 1158215 | 1  | 0  | 12/Bx | EKG Stress Paper Z-Fold w/o Heade    | 163.5100   | 163.51   |            |
|         | ** special contract price **   |    |       |                                      |            |          |            |
| 4752229 | 1  | 0  | 10/Pk | Clear Choice Lead Adaptor            | 38.3300    | 38.33    |            |
|         | ** special contract price **   |    |       |                                      |            |          |            |
| 1192498 | 3  | 0  | 4/Ca  | Contour Next Meter Bld Glucose       | 74.3800    | 223.14   |            |
|         | ** special contract price **   |    |       |                                      |            |          |            |
| 1470210 | 20   | 0  | 50/Bx | Strip Test Contour Next              | 68.1800    | 1,363.60 |            |
|         | Go to your online account to retrieve this SDS, 1050709 - If you cannot access online options or to opt out of electronic SDS call (800) 472-4346. |    |       |                                      |            |          |            |
|         | ** special contract price **   |    |       |                                      |            |          |            |
| 1126323 | 1  | 0  | Case  | Maxi-Gard Lab Coat White Small       | 153.3000   | 153.30   |            |
| 1126324 | 1  | 0  | Case  | Maxi-Gard Lab Coat White Medium      | 153.3000   | 153.30   |            |
| 1126321 | 1  | 0  | Case  | Maxi-Gard Lab Coat White Large       | 153.3000   | 153.30   |            |
| 1126320 | 1  | 0  | Case  | Maxi-Gard Lab Coat White X-Large     | 153.3000   | 153.30   |            |

Deliver To: Andrea Stone, HSC 1220

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

Continued on next page

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000313667994705929110000000002427910608211

|              |   |                        |
|--------------|---|------------------------|
| Cust #       | : | 3136679                |
| Invoice #    | : | 94705929               |
| Invoice Date | : | 06/08/21               |
| Amount       | : | 2,427.91               |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/08/21               |

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.



**Customer Service**  
1-800-472-4346

|              |   |                        |
|--------------|---|------------------------|
| Invoice #    | : | 94705929               |
| Invoice Date | : | 06/08/21               |
| Amount       | : | 2,427.91               |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/08/21               |

Bill To:

Ship To / Sold To:

College Of Dupage  
425 Fawell Blvd  
Glen Ellyn IL 601376708

College Of Dupage  
425 Fawell Blvd  
Attn: Accounts Payable SRC 2132  
Glen Ellyn, IL 601376708

|                     |                                     |                       |
|---------------------|-------------------------------------|-----------------------|
| Cust # : 3136679    | Ship Date : 06/08/21                | Sls Ord # : 16417044  |
| Cust P O # : 374224 | Ship Via : UPS Chicago Special Sort | Sls Ord Dt : 06/08/21 |
|                     |                                     | Sls Rep : C405        |

| Item #   | Ship | BO | UOM | Description | Unit Price | Amount                   | Tax Status      |
|--|------|----|-----|-------------|------------|--------------------------|-----------------|
| 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                | 2,427.91        |
|  |      |    |     |             |            | Tax                      | 0.00            |
|  |      |    |     |             |            | Shipping and/or Handling | 0.00            |
|  |      |    |     |             |            | <b>Total Amount</b>      | <b>2,427.91</b> |

# 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.

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 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 DEA registration. For controlled substances, furnish a copy of your DEA registration 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 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, please mail the form to:

Henry Schein, Inc. • Suite 300, 5315 West 74th Street • Indianapolis, IN 46268

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

(M/N, 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.

## 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.

**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-8:30pm, 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 [custserv@henryschein.com](mailto:custserv@henryschein.com)

Aruba® Support 1-800-711-6032 8am-8pm, et  
PRIVILEGES 1-866-633-8477 9am-5:30pm, et  
Henry Schein Financial Services 1-800-443-2756 8am-8:30pm, et  
ProRepair 1-800-367-3674 8am-5pm, 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 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 Athletics and Schools

To Place An Order 1-800-323-5110 8am-8:30pm, et  
To Fax An Order 1-800-524-4989 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)

## 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 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, are expired 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).

## 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: 21087467  
Invoice Date: 06/09/21  
PO Number: P0372512  
Check Number: E0085248  
Check Amount: \$ 7,127.76  
Check Date: 06/22/2021  
Department ID: 00181  
Reviewer Name: Yvonne Bedford  
Voucher Number: V0686964  
Redaction Type: None  
Document Type: AP Invoice

Document Below



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Address Service Requested

Customer Service  
1-800-472-4346

## CREDIT MEMO

|              |   |                        |
|--------------|---|------------------------|
| Invoice #    | : | 21087467               |
| Invoice Date | : | 06/09/21               |
| Amount       | : | (18.60)                |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 06/09/21               |

Page 1 of 1

# APPROVED 06/16/21

Bill To:

## THOMAS BRADY

College Of Dupage  
425 Fawell Blvd  
Accts Payable  
Glen Ellyn, IL 601376599

Ship To / Sold To:

College Of Dupage  
425 Fawell Blvd  
Attn Rec'g/Dr. Valerie Jean Phillips  
Glen Ellyn IL 601376599

|                 |   |          |           |   |                          |            |   |          |
|-----------------|---|----------|-----------|---|--------------------------|------------|---|----------|
| Cust #          | : | 2592647  | Ship Date | : | 00/00/00                 | Sls Ord #  | : | 15305043 |
| Cust P O #      | : | 372512   | Ship Via  | : | UPS Chicago Special Sort | Sls Ord Dt | : | 06/09/21 |
| Order Invoice # | : | 93421281 |           |   |                          | Sls Rep    | : | M2140    |

| Item #   | Ship | BO | UOM  | Description                   | Unit Price | Amount                   | Tax Status |
|--|------|----|------|-------------------------------|------------|--------------------------|------------|
| 5650005  | 2    | 0  | Case | Xceed PF Nitrile Glove MEDIUM | -9.3000    | (18.60)                  |            |
| 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.                                  |      |    |      |                               |            | Sub-Total                | (18.60)    |
| No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.         |      |    |      |                               |            | Tax                      | 0.00       |
|  |      |    |      |                               |            | Shipping and/or Handling | 0.00       |
|  |      |    |      |                               |            | Total Amount             | (18.60)    |

# INVOICE REVIEWED

# OKAY TO PAY

# YVONNE BEDFORD 06/15/21

Tax # 11-136-95  
Remittance Section

010000259264714254105120000000000018600609218

|              |   |                        |
|--------------|---|------------------------|
| Cust #       | : | 2592647                |
| Invoice #    | : | 21087467               |
| Invoice Date | : | 06/09/21               |
| Amount       | : | (18.60)                |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 06/09/21               |

Please put your account number on the check.

## CREDIT MEMO DO NOT PAY

-----  
From: Cruse, Bethany <cruseb199@cod.edu>  
Sent: Mon Jun 14 15:01:10 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: Attached Document  
-----

[attachment: Default.PDF]



-----  
From: Henry Schein Inc <henryschein@billtrust.com >  
Sent: Sun Jun 13 22:26:03 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: [External] Acct No. 2592647: Your Invoices From Henry Schein, Inc. are Attached  
-----

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.

## Henry Schein, Inc.

Attached are your invoices from Henry Schein, Inc..

Account Number : 2592647

| <u>INVOICE NUMBER</u> | <u>PO NUMBER</u> | <u>AMOUNT</u>   |
|-----------------------|------------------|-----------------|
| <b>94736414</b>       | <b>372512</b>    | <b>\$324.00</b> |
| <b>21087467</b>       | <b>372512</b>    | <b>-\$18.60</b> |

**Want to save some time and effort? We now can provide your invoice information in an Easy Import file so you can import invoice information directly into your accounting system. [Click Here](#) to find out more and get setup today.**

**Please Note: We use the industry standard PDF format for storing and displaying bills. This makes it very easy to print or save your bill to your PC. If you're unable to view this attachment, please click here to get the latest version of the free [Acrobat Reader](#).**

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[attachment: henryschein\_2592647\_20210613\_20650985\_7717545815.pdf]

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1085910

Vendor Name: Henry Schein

Invoice Number: 95033671

Invoice Date: 06/16/21

PO Number: P0373555

Check Number: E0085248

Check Amount: \$ 7,127.76

Check Date: 06/22/2021

Department ID: 00157

Reviewer Name:

Voucher Number: V0687661

Redaction Type: None

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

Document Below



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Address Service Requested

Customer Service  
1-800-472-4346

## INVOICE

|              |   |                        |
|--------------|---|------------------------|
| Invoice #    | : | 95033671               |
| Invoice Date | : | 06/16/21               |
| Amount       | : | 91.65                  |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/16/21               |

Page 1 of 2

Bill To:

**3 WAY MATCH**

College Of Dupage  
425 Fawell Blvd  
Attn: Accounts Payable SRC 2132  
Glen Ellyn, IL 601376708

Ship To / Sold To:

College Of Dupage  
425 Fawell Blvd  
Glen Ellyn IL 601376708

|            |   |         |           |   |                          |            |   |          |
|------------|---|---------|-----------|---|--------------------------|------------|---|----------|
| Cust #     | : | 3136679 | Ship Date | : | 06/16/21                 | Sls Ord #  | : | 16697507 |
| Cust P O # | : | 373555  | Ship Via  | : | UPS Chicago Special Sort | Sls Ord Dt | : | 06/16/21 |
|            |   |         |           |   |                          | Sls Rep    | : | C405     |

| Item #                       | Ship | BO | UOM      | Description           | Unit Price | Amount | Tax Status |
|------------------------------|------|----|----------|-----------------------|------------|--------|------------|
| 1213572                      | 1    | 0  | 50x12/Ca | Wipes Ultrasound Sono | 91.6500    | 91.65  |            |
| ** special contract price ** |      |    |          |                       |            |        |            |

Deliver To: Melissa McKirdie, HSC 122

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                | 91.65        |
| Tax                      | 0.00         |
| Shipping and/or Handling | 0.00         |
| <b>Total Amount</b>      | <b>91.65</b> |

Tax ID # 11-3136595

DUNS # 01-243-0880

Remittance Section



010000313667995033671110000000000091650616210

|              |   |                        |
|--------------|---|------------------------|
| Cust #       | : | 3136679                |
| Invoice #    | : | 95033671               |
| Invoice Date | : | 06/16/21               |
| Amount       | : | 91.65                  |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/16/21               |

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

-----  
From: Henry Schein Inc <henryschein@billtrust.com >  
Sent: Mon Jun 21 00:56:19 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: [External] Acct No. 3136679: Your Invoices From Henry Schein, Inc. are Attached  
-----

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.

## Henry Schein, Inc.

Attached are your invoices from Henry Schein, Inc..

Account Number : 3136679

| <u>INVOICE NUMBER</u> | <u>PO NUMBER</u> | <u>AMOUNT</u> |
|-----------------------|------------------|---------------|
| 95033671              | 373555           | \$91.65       |
| 93774652              | 373664           | \$175.50      |
| 95035436              | 374224           | \$148.76      |
| 95025512              | 374224           | \$52.26       |

Want to save some time and effort? We now can provide your invoice information in an Easy Import file so you can import invoice information directly into your accounting system. [Click Here](#) to find out more and get setup today.

Please Note: We use the industry standard PDF format for storing and displaying bills. This makes it very easy to print or save your bill to your PC. If you're unable to view this attachment, please click here to get the latest version of the free [Acrobat Reader](#).

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[attachment: henryschein\_3136679\_20210621\_20704625\_7744388609.pdf]

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1085910

Vendor Name: Henry Schein

Invoice Number: 93774652

Invoice Date: 06/16/21

PO Number: P0373664

Check Number: E0085248

Check Amount: \$ 7,127.76

Check Date: 06/22/2021

Department ID: 00125

Reviewer Name:

Voucher Number: V0687892

Redaction Type: None

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

Document Below



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Address Service Requested

Customer Service  
1-800-472-4346

# INVOICE

|              |   |                        |
|--------------|---|------------------------|
| Invoice #    | : | 93774652               |
| Invoice Date | : | 06/16/21               |
| Amount       | : | 175.50                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/16/21               |

Page 1 of 2



Ship To / Sold To:

College Of Dupage  
425 Fawell Blvd  
Glen Ellyn IL 601376599

College Of Dupage  
425 Fawell Blvd  
Attn: Accounts Payable SRC 2132  
Glen Ellyn, IL 601376708

|            |   |         |           |   |           |            |   |          |
|------------|---|---------|-----------|---|-----------|------------|---|----------|
| Cust #     | : | 3136679 | Ship Date | : | 06/16/21  | Sls Ord #  | : | 15478453 |
| Cust P O # | : | 373664  | Ship Via  | : | Drop Ship | Sls Ord Dt | : | 05/11/21 |
|            |   |         |           |   |           | Sls Rep    | : | C405     |

| Item #   | Ship | BO | UOM   | Description              | Unit Price | Amount                   | Tax Status |
|--|------|----|-------|--------------------------|------------|--------------------------|------------|
| 1395744  | 1    | 0  | 10/Pk | Card Badge Order of Draw | 41.5000    | 41.50                    |            |
| 1243484  | 2    | 0  | Ea    | Station Mobile Draw      | 67.0000    | 134.00                   |            |
| DIRECTLY SHIPPED FROM THE MANUFACTURER   |      |    |       |                          |            |                          |            |
| This is a backordered shipment for order:15478453 original invoice:93608302  |      |    |       |                          |            |                          |            |
| Deliver To: Andrea Stone, 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                | 175.50     |
|  |      |    |       |                          |            | Tax                      | 0.00       |
|  |      |    |       |                          |            | Shipping and/or Handling | 0.00       |
|  |      |    |       |                          |            | Total Amount             | 175.50     |

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000313667993774652110000000000175500616217

|              |   |                        |
|--------------|---|------------------------|
| Cust #       | : | 3136679                |
| Invoice #    | : | 93774652               |
| Invoice Date | : | 06/16/21               |
| Amount       | : | 175.50                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/16/21               |

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

-----  
From: Cruse, Bethany <cruseb199@cod.edu>  
Sent: Mon Jun 21 09:38:07 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: Attached Document  
-----

[attachment: Default.PDF]



-----  
From: Henry Schein Inc <henryschein@billtrust.com >  
Sent: Mon Jun 21 00:56:19 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: [External] Acct No. 3136679: Your Invoices From Henry Schein, Inc. are Attached  
-----

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## Henry Schein, Inc.

Attached are your invoices from Henry Schein, Inc..

Account Number : 3136679

| <u>INVOICE NUMBER</u> | <u>PO NUMBER</u> | <u>AMOUNT</u> |
|-----------------------|------------------|---------------|
| 95033671              | 373555           | \$91.65       |
| 93774652              | 373664           | \$175.50      |
| 95035436              | 374224           | \$148.76      |
| 95025512              | 374224           | \$52.26       |

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[attachment: henryschein\_3136679\_20210621\_20704625\_7744388609.pdf]

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1085910

Vendor Name: Henry Schein

Invoice Number: 95035436

Invoice Date: 06/17/21

PO Number: P0374224

Check Number: E0085248

Check Amount: \$ 7,127.76

Check Date: 06/22/2021

Department ID: 00125

Reviewer Name:

Voucher Number: V0687894

Redaction Type: None

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

Document Below



Corporate Office  
135 Duryea Road  
Melville, NY 11747

Customer Service  
1-800-472-4346

# INVOICE

|              |   |                        |
|--------------|---|------------------------|
| Invoice #    | : | 95035436               |
| Invoice Date | : | 06/17/21               |
| Amount       | : | 148.76                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/17/21               |

Address Service Requested

**3 WAY MATCH**

Page 1 of 2

Bill To:

Ship To / Sold To:

College Of Dupage  
425 Fawell Blvd  
Attn: Accounts Payable SRC 2132  
Glen Ellyn, IL 601376708

College Of Dupage  
425 Fawell Blvd  
Glen Ellyn IL 601376708

|            |   |         |           |   |                          |            |   |          |
|------------|---|---------|-----------|---|--------------------------|------------|---|----------|
| Cust #     | : | 3136679 | Ship Date | : | 06/17/21                 | Sls Ord #  | : | 16417044 |
| Cust P O # | : | 374224  | Ship Via  | : | UPS Chicago Special Sort | Sls Ord Dt | : | 06/08/21 |
|            |   |         |           |   |                          | Sls Rep    | : | C405     |

| Item #   | Ship | BO | UOM  | Description                    | Unit Price | Amount                   | Tax Status    |
|--|------|----|------|--------------------------------|------------|--------------------------|---------------|
| 1192498  | 2    | 0  | 4/Ca | Contour Next Meter Bld Glucose | 74.3800    | 148.76                   |               |
| ** special contract price **   |      |    |      |                                |            |                          |               |
| This is a backordered shipment for order:16417044 original invoice:94705929  |      |    |      |                                |            |                          |               |
| Deliver To: Andrea Stone, 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                | 148.76        |
|  |      |    |      |                                |            | Tax                      | 0.00          |
|  |      |    |      |                                |            | Shipping and/or Handling | 0.00          |
|  |      |    |      |                                |            | <b>Total Amount</b>      | <b>148.76</b> |

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000313667995035436110000000000148760617214

|              |   |                        |
|--------------|---|------------------------|
| Cust #       | : | 3136679                |
| Invoice #    | : | 95035436               |
| Invoice Date | : | 06/17/21               |
| Amount       | : | 148.76                 |
| Terms        | : | Invoice Date + 30 days |
| Due Date     | : | 07/17/21               |

Remit To:

Henry Schein  
Dept CH 10241  
Palatine, IL 60055-0241

Please put your account number on the check.

-----  
From: Cruse, Bethany <cruseb199@cod.edu>  
Sent: Mon Jun 21 09:37:54 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: Attached Document  
-----

[attachment: Default.PDF]

-----  
From: Henry Schein Inc <henryschein@billtrust.com >  
Sent: Mon Jun 21 00:56:19 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: [External] Acct No. 3136679: Your Invoices From Henry Schein, Inc. are Attached  
-----

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## Henry Schein, Inc.

Attached are your invoices from Henry Schein, Inc..

Account Number : 3136679

| <u>INVOICE NUMBER</u> | <u>PO NUMBER</u> | <u>AMOUNT</u> |
|-----------------------|------------------|---------------|
| 95033671              | 373555           | \$91.65       |
| 93774652              | 373664           | \$175.50      |
| 95035436              | 374224           | \$148.76      |
| 95025512              | 374224           | \$52.26       |

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[attachment: henryschein\_3136679\_20210621\_20704625\_7744388609.pdf]