

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1085770

Vendor Name: HF Acquisition Co LLC,DBA Healthfirst

Invoice Number: INV60724157

Invoice Date: 3/2/2022

PO Number: B0000395

Check Number: E0088555

Check Amount: \$ 339.84

Check Date: 03/09/2022

Voucher Number: V0732057

Document Type: AP Invoice

Document Below

**Remit Payment To:**

Dept CH 14330

Palatine, IL 60055-4330

Bill To Customer: 3029625

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

Amby Condy 3/18/22

Amount Due \$ 339.84
Invoice: INV60724157
Ship Date: 3/2/2022
Page: 1 of 1

Ship To/Sold To Customer: 3029625

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



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

PO Number	Sales Person ID	Shipping Method	Payment Terms	Location	Kit No.
PO 000395	REFILL	UPS GROUND	NET ON RECEIPT		3030132

Ordered	Shipped	B/O	Item Number	Description	Lot/Serial	Exp Date	Unit Price	Ext Price
1	1	0	1005760	AUTO-REPLENISHMENT SHIPMENT			323.89	323.89
1	1	0	1005710	DSCSA COMPLIANCE				
1	1	0	1006280	ENVELOPE, RECOVERY UNUSED MEDICATIONS	N/A	03/28/2022		
1	1	0	1009770	AUVI-Q(R) EPINEPHRINE INJECTION, USP 0.3mg AUTO INJECTOR	000006810290	01/26/2023		

REPLACEMENT FOR ITEMS EXPIRING IN YOUR EMERGENCY MEDICAL KIT							Subtotal	323.89
							Shipping	15.95
							Sales Tax	0.00
							DSCSA Fee	0.00
							Total	339.84
							Less Amount Rec'd	(0.00)
							Total Amount Due	339.84

State License: 019017516 DEA License: NCS

TEL: (800)-331-1984 FAX: 425.775.2374
FIN: 27-0535896 DEA: RH0498964
FL permit 23:2371 PHMF: FX.60650635
PHWH: FX.60650206

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

Email: CustomerService@healthfirst.com

To make payments or to access your
ePedigree, visit:

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

R20220302-1

"Conley, Cynthia" <fiskc@cod.edu>

Attached Image

"Conley, Cynthia" <fiskc@cod.edu>

Fri, Mar 4, 2022 at 09:24 PM GMT

CC:

BCC:

1 attachment

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