

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087607
Vendor Name: McKesson Medical-Surgical Inc
Invoice Number: 39953537
Invoice Date: 3/14/2022
PO Number: P0002364
Check Number: 0298184
Check Amount: \$ 137.60
Check Date: 04/12/2022
Voucher Number: V0733844
Document Type: AP Invoice

Document Below

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Bill To: 58723600

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Invoice

Page 1 of 1

Shipped From: RCHE1DPD01
MCKESSON MEDICAL-SURGICAL INC(URBANCREST
3500 CENTERPOINT DRIVE STE A
URBANCREST, OH 43123
SHIPPED FROM LICENSE: 004.002791

Shipped To: 58723601
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: EMAIL/REP
REGULATORY LICENSE: MMC_TEACHING

Payment / Account Balance Inquires 1-800-453-5180
Phone:
Customer Service Phone: 1-800-877-1919

Sales Order Number	62056183	Invoice Number	39953537
Sales Order Date	03/14/2022	Invoice Date	03/14/2022
PO Number	P0002364	Payment Due Date	04/13/2022
Sales Rep Name	COSS, KARENA.	Invoice Amount	\$26.13

Notes: The complete Terms of Sale that apply to this purchase are located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. Customer is responsible for reviewing the Terms of Sale in full.
Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
388911	Vendor: BD Vend Cat#: 367899	TUBE, BLD COL K2EDTA PNK 6ML P PO LN 3	1	BX	0	26.73	.00	.00	
207068	Vendor: BD Vend Cat#: 367986	TUBE, BLD COL CLOT/SEP GLD 5ML PO LN 4	2	BX	0	42.37	.00	.00	
1008505	Vendor: BD Vend Cat#: 367861	TUBE, BLD COL K2EDTA LAV 4ML P PO LN 6	1	BX	1	26.13	26.13	.00	
Tracking # 1Z4862300390122194 Shipped: 03/14/2022 From: Columbus Via: UPS GROUND									

SUB TOTAL	FREIGHT	TAX	AMOUNT
\$26.13	\$0.00	\$0.00	\$26.13

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor. In addition, the purchase of products hereunder may qualify customer for discounts on certain purchases made under a distribution agreement between customer and McKesson Corporation.

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Invoice

RCHE1DPD01

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Account Number	58723600	Date	03/14/2022
Document Number	39953537	Terms	AR NET 30 DAYS
Pay This Amount Before	04/13/2022		\$26.13

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:
MCKESSON MEDICAL SURGICAL
PO BOX 933027
ATLANTA GA 31193-3027

"MMS.Credit@McKesson.com" <MMS.Credit@McKesson.com>

[External] McKesson Medical-Surgical Customer Invoice(s)

"MMS.Credit@McKesson.com" <MMS.Credit@McKesson.com> Tue, Mar 15, 2022 at 12:13 PM GMT

CC:

BCC:

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3 attachments

MMS_00001868_INV0039955354_MMGD001.PDF

MMS_00001867_INV0039953537_MMGD001.PDF

MMS_00001869_INV0039955595_MMGD001.PDF

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087607
Vendor Name: McKesson Medical-Surgical Inc
Invoice Number: 39955354
Invoice Date: 3/14/2022
PO Number: P0002364
Check Number: 0298184
Check Amount: \$ 137.60
Check Date: 04/12/2022
Voucher Number: V0733849
Document Type: AP Invoice

Document Below

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Bill To: 58723600

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Invoice

Page 1 of 1

Shipped From: RCHE1DPD01
MCKESSON MEDICAL-SURGICAL INC(KANSAS CTY
1405 N. CHOUTEAU
KANSAS CITY,MO 64120
SHIPPED FROM LICENSE: 004.001745

Shipped To: 58723601
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: EMAIL/REP
REGULATORY LICENSE: MMC_TEACHING

Payment / Account Balance Inquires 1-800-453-5180
Phone:
Customer Service Phone: 1-800-877-1919

Sales Order Number	62056183	Invoice Number	39955354
Sales Order Date	03/14/2022	Invoice Date	03/14/2022
PO Number	P0002364	Payment Due Date	04/13/2022
Sales Rep Name	COSS, KARENA.	Invoice Amount	\$26.73

Notes: The complete Terms of Sale that apply to this purchase are located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. Customer is responsible for reviewing the Terms of Sale in full.
Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
388911	Vendor: BD Vend Cat#: 367899	TUBE, BLD COL K2EDTA PNK 6ML P PO LN 3	1	BX	1	26.73	26.73	.00	
Tracking # 1Z2R57A30366113405 Shipped: 03/14/2022 From: Kansas City Via: UPS GROUND									
SUB TOTAL						\$26.73	FREIGHT \$0.00	TAX \$0.00	AMOUNT \$26.73

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor. In addition, the purchase of products hereunder may qualify customer for discounts on certain purchases made under a distribution agreement between customer and McKesson Corporation.
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Invoice

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

RCHE1DPD01

Account Number	58723600	Date	03/14/2022
Document Number	39955354	Terms	AR NET 30 DAYS
Pay This Amount Before	04/13/2022		\$26.73

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:
MCKESSON MEDICAL SURGICAL
PO BOX 933027
ATLANTA GA 31193-3027

"MMS.Credit@McKesson.com" <MMS.Credit@McKesson.com>

[External] McKesson Medical-Surgical Customer Invoice(s)

"MMS.Credit@McKesson.com" <MMS.Credit@McKesson.com> Tue, Mar 15, 2022 at 12:13 PM GMT

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MMS_00001867_INV0039953537_MMGD001.PDF

MMS_00001869_INV0039955595_MMGD001.PDF

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087607
Vendor Name: McKesson Medical-Surgical Inc
Invoice Number: 39955595
Invoice Date: 3/14/2022
PO Number: P0002364
Check Number: 0298184
Check Amount: \$ 137.60
Check Date: 04/12/2022
Voucher Number: V0733850
Document Type: AP Invoice

Document Below

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Bill To: 58723600

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Invoice

Page 1 of 1

Shipped From: RCHE1DPD01
MCKESSON MEDICAL SURGICAL (ROCH)
2404 INNOVATION WAY
ROCHESTER, NY 14624

Shipped To: 58723601
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: EMAIL/REP
REGULATORY LICENSE: MMC_TEACHING

Payment / Account Balance Inquires 1-800-453-5180
Phone:

Customer Service Phone: 1-800-877-1919

Sales Order Number	62056183	Invoice Number	39955595
Sales Order Date	03/14/2022	Invoice Date	03/14/2022
PO Number	P0002364	Payment Due Date	04/13/2022
Sales Rep Name	COSS, KARENA.	Invoice Amount	\$84.74

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Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
207068	Vendor: BD Vend Cat#: 367986	TUBE, BLD COL CLOT/SEP GLD 5ML PO LN 4	2	BX	2	42.37	84.74	.00	
Tracking # 1ZY753710326399662									
Shipped: 03/14/2022 From: Rochester Via: UPS GROUND									

SUB TOTAL	FREIGHT	TAX	AMOUNT
\$84.74	\$0.00	\$0.00	\$84.74

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McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Invoice

RCHE1DPD01

Account Number	58723600	Date	03/14/2022
Document Number	39955595	Terms	AR NET 30 DAYS
Pay This Amount Before	04/13/2022		\$84.74

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:
MCKESSON MEDICAL SURGICAL
PO BOX 933027
ATLANTA GA 31193-3027

"MMS.Credit@McKesson.com" <MMS.Credit@McKesson.com>

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MMS_00001869_INV0039955595_MMGD001.PDF