

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1179478

Vendor Name: P&G Oral Health

Invoice Number: 1108560350

Invoice Date: 3/27/2022

PO Number: B0000358

Check Number: 0298232

Check Amount: \$ 68.40

Check Date: 04/12/2022

Voucher Number: V0734623

Document Type: AP Invoice

Document Below



## INVOICE

1 of 1

The Procter & Gamble Distributing LLC  
d/b/a P&G Oral Health  
24808 Network Place  
Chicago, IL 60673-1248  
Phone: 800-543-2577  
Fax: 800-201-1840

Customer Account No.: 2003012078  
Ref Account No.: 1569792  
Invoice No.: 1108560350  
Invoice Date: 03/27/2022  
Order No.: 2058053826  
Ref Order No.: 2001274555  
Customer P.O. No.: BO 000358  
Due Date: 04/26/2022  
Terms: Net within 30 days - Cash in Bank



\*\*\*\*\*AUTO\*\*MIXED AADC 450 Tray 3 : Piece 692

ATTN:SHIPPING & RECEIVING  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
HSC ROOM 1122  
GLEN ELLYN IL 60137-6708

3

Ship To: 2003012078  
ATTN:SHIPPING & RECEIVING  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
HSC ROOM 1122  
GLEN ELLYN IL 60137-6708

Material	Description	UPC (Item)	Quantity	Unit Type	Price (\$)	Amount (\$)
80355774	OB Kids Princess 3+yr MTB Xsft 1 Box of 6 Items	30300410105724	6	Box	\$ 1.14	\$ 6.84
Sub Total (\$)						6.84
Freight (\$)						0.00
Sales Tax (\$)						0.00
Total Amount (\$)						6.84

-----PLEASE RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT-----  
TO THE REMITTANCE ADDRESS NOTED BELOW

\*\*SEE BACK FOR OUR PRODUCT RETURN POLICY\*\*

\*\*\*YOU WILL NOT RECEIVE A STATEMENT. PLEASE USE THIS REMITTANCE SLIP.\*\*\*

Save a stamp! You can now pay online (eCheck, Visa, Mastercard, American Express, Discover). Go to <https://www.crestoralbproshop.com> and click the "Pay an existing invoice" button. No login required!



Customer Account No. 2003012078  
Invoice No.: 1108560350  
Due Date: 04/26/2022

Total Amount (\$) \$ 6.84

REMITTANCE ADDRESS:  
P&G Oral Health  
24808 Network Place  
Chicago, IL 60673-1248

Payment Amount: \_\_\_\_\_  
Check in Bank by Due Date

Please make check payable to Procter and Gamble Distributing Company and include invoice number on your check.

Thank you for recommending Crest pastes and Oral-B electric and manual brushes.

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

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**Attached Image**

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

Fri, Mar 25, 2022 at 03:51 PM GMT

CC:

BCC:

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**1 attachment**

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Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1179478

Vendor Name: P&G Oral Health

Invoice Number: 1108529100

Invoice Date: 3/22/2022

PO Number: B0000358

Check Number: 0298232

Check Amount: \$ 68.40

Check Date: 04/12/2022

Voucher Number: V0734667

Document Type: AP Invoice

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**INVOICE**

1 of 1

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d/b/a P&G Oral Health  
24808 Network Place  
Chicago, IL 60673-1248  
Phone: 800-543-2577  
Fax: 800-201-1840

*Andy Conley*  
*3/28/22*

Customer Account No.: 2003012078  
Ref Account No.: 1569792  
Invoice No.: 1108529100  
Invoice Date: 03/22/2022  
Order No.: 2058053826  
Ref Order No.: 2001274555  
Customer P.O. No.: BO 000358  
Due Date: 04/21/2022  
Terms: Net within 30 days - Cash  
in Bank



\*\*\*\*\*AUTO\*\*MIXED AADC 450 Tray 3 : Piece 498

ATTN:SHIPPING & RECEIVING  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
HSC ROOM 1122  
GLEN ELLYN IL 60137-6708

3 Ship To: 2003012078  
ATTN:SHIPPING & RECEIVING  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
HSC ROOM 1122  
GLEN ELLYN IL 60137-6708

Material	Description	UPC (Item)	Quantity	Unit Type	Price (\$)	Amount (\$)
80366100	OB Kids Galaxy 6+yr MTB Sft 1 Box of 6 Items	20300410105635	6	Box	\$ 1.14	\$ 6.84
80329531	IMP OB Indicator MTB 30sft 1 Case of 144 Items - Per Patient Price \$0.19	10068305678826	2	Case	\$ 27.36	\$ 54.72
80363101	CR PH Density DlyProt PST 0.85oz 1 Case of 36 Items 288 IMP Oral B Imprint Brush Bundle with Paste	10030772016814	2	Case	\$ 0.00	\$ 0.00
Sub Total (\$)						61.56
Freight (\$)						0.00
Sales Tax (\$)						0.00
Total Amount (\$)						61.56

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Customer Account No. 2003012078  
Invoice No.: 1108529100  
Due Date: 04/21/2022

Total Amount (\$) \$ 61.56

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P&G Oral Health  
24808 Network Place  
Chicago, IL 60673-1248

Payment Amount: \_\_\_\_\_  
Check in Bank by Due Date

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Company and include invoice number on your check.

Thank you for recommending Crest pastes and Oral-B electric and manual brushes.

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

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**Attached Image**

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

Mon, Mar 28, 2022 at 12:52 PM GMT

CC:

BCC:

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**1 attachment**

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