

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1179478
Vendor Name: P&G Oral Health
Invoice Number: 1108932289
Invoice Date: 5/21/2022
PO Number: B0000358
Check Number: 0300053
Check Amount: \$ 384.63
Check Date: 06/21/2022
Voucher Number: V0742188
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.: 1108932289
Invoice Date: 05/21/2022
Order No.: 2056436323
Ref Order No.: 2001323601
Customer P.O. No.: BO 000358
Due Date: 06/20/2022
Terms: Net within 30 days - Cash
in Bank



*****AUTO**MIXED AADC 450 Tray 3 : Piece 677

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 (\$)
80366558	OB Pro100 PrecCln BatteryBrush 1 Case of 12 Items	10059055854904	3	Case	\$ 97.09	\$ 291.27
80365462	CR Kids Enamel CavProt PST 0.85oz 1 Case of 36 Items	10030772024246	2	Case	\$ 9.48	\$ 18.96
Sub Total (\$)						310.23
Freight (\$)						0.00
Sales Tax (\$)						0.00
Total Amount (\$)						310.23

-----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.: 1108932289
Due Date: 06/20/2022

Total Amount (\$) \$ 310.23

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>

Attached Image

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

Mon, May 23, 2022 at 01:22 PM GMT

CC:

BCC:

1 attachment

1213_001.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1179478
Vendor Name: P&G Oral Health
Invoice Number: 1109037397
Invoice Date: 6/6/2022
PO Number: B0000358
Check Number: 0300053
Check Amount: \$ 384.63
Check Date: 06/21/2022
Voucher Number: V0742201
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

*Copy only
6/2/22*

Customer Account No.: 2003012078
Ref Account No.: 1569792
Invoice No.: 1109037397
Invoice Date: 06/06/2022
Order No.: 2058556166
Ref Order No.: 2001337495
Customer P.O. No.: BO 000358
Due Date: 07/06/2022
Terms: Net within 30 days - Cash in Bank

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

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 (\$)
80357585	CR PH GumDetoxify PST 0.85oz 1 Case of 36 Items	10037000753497	4	Case	\$ 9.48	\$ 37.92
80325776	CR PH Adv EnamelCare RNS 36ml 1 Case of 48 Items	10037000974878	2	Case	\$ 18.24	\$ 36.48
Sub Total (\$)						74.40
Freight (\$)						0.00
Sales Tax (\$)						0.00
Total Amount (\$)						74.40

-----PLEASE RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT-----

TO THE REMITTANCE ADDRESS NOTED BELOW

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*****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.: 1109037397
Due Date: 07/06/2022

Total Amount (\$) \$ 74.40

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>

Attached Image

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

Thu, Jun 2, 2022 at 04:47 PM GMT

CC:

BCC:

1 attachment

1261_001.pdf