

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087607  
Vendor Name: McKesson Medical-Surgical Inc  
Invoice Number: 54418044  
Invoice Date: 4/13/2023  
PO Number: P0006093  
Check Number: 0311842  
Check Amount: \$ 1,450.00  
Check Date: 05/09/2023  
Voucher Number: V0783689  
Document Type: AP Invoice

Document Below

# McKESSON

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

## Invoice

Page 1 of 1

RCHE1DPD01

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

Bill To: 58723600

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

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

TIN: 94-2640465

DUNS: 02-390-4428

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

Customer Service: 1-800-877-1919

<b>Sales Order Number</b>	<b>92513407</b>	<b>Invoice Number</b>	<b>54418044</b>
<b>Sales Order Date</b>	<b>04/12/2023</b>	<b>Invoice Date</b>	<b>04/13/2023</b>
<b>PO Number</b>	<b>P0006093</b>	<b>Payment Due Date</b>	<b>05/13/2023</b>
<b>Sales Rep Name</b>	<b>COSS, KAREN A.</b>	<b>Invoice Amount</b>	<b>\$186.36</b>

Notes: By doing business with McKesson, Customer acknowledges that it is familiar with McKesson's Terms of Sale and is responsible for reviewing in full the complete Terms of Sale that apply to this purchase, located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. McKesson's acceptance of Customer's order was expressly conditioned upon Customer's assent to the complete Terms of Sale.

Please contact us regarding electronic payment options at [MMS.Treasury@McKesson.com](mailto:MMS.Treasury@McKesson.com)

### Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
938742	Vendor: O&MHAL Vend Cat#: 41732	GOWN, SURG AERO PERFORMANCE PO LN 3	1	CS	1	186.36	186.36	.00	
Tracking # 1ZY753710329509537									
Shipped: 04/13/2023 From: Rochester Via: UPS GROUND									

SUB TOTAL	FREIGHT	TAX	AMOUNT
\$186.36	\$0.00	\$0.00	\$186.36

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

<b>Account Number</b>	<b>58723600</b>	<b>Date</b>	<b>04/13/2023</b>
<b>Document Number</b>	<b>54418044</b>	<b>Terms</b>	<b>AR NET 30 DAYS</b>
<b>Pay This Amount Before</b>	<b>05/13/2023</b>		<b>\$186.36</b>

Please contact us regarding electronic payment options at [MMS.Treasury@McKesson.com](mailto: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> Fri, Apr 14, 2023 at 11:51 AM UTC

CC:

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**1 attachment**

MMS\_00004624\_INV0054418044\_MMGD001.PDF

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087607  
Vendor Name: McKesson Medical-Surgical Inc  
Invoice Number: 54403393  
Invoice Date: 4/12/2023  
PO Number: P0006093  
Check Number: 0311842  
Check Amount: \$ 1,450.00  
Check Date: 05/09/2023  
Voucher Number: V0783699  
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 2

RCHE1DPD01

Shipped From:  
MCKESSON MEDICAL SURGICAL INC (BARTLETT)  
375 SPITZER ROAD  
BARTLETT, IL 60103  
SHIPPED FROM LICENSE: 004.00507

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

TIN: 94-2640465  
DUNS: 02-390-4428

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

<b>Sales Order Number</b>	<b>92513407</b>	<b>Invoice Number</b>	<b>54403393</b>
<b>Sales Order Date</b>	<b>04/12/2023</b>	<b>Invoice Date</b>	<b>04/12/2023</b>
<b>PO Number</b>	<b>P0006093</b>	<b>Payment Due Date</b>	<b>05/12/2023</b>
<b>Sales Rep Name</b>	<b>COSS, KAREN A.</b>	<b>Invoice Amount</b>	<b>\$704.56</b>

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### Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
938744	Vendor: O&MHAL Vend Cat#: 41733	GOWN, SURG AERO PERFORMANCE LG PO LN 1	4	CS	4	176.14	704.56	.00	
	Tracking # 1Z0467A20340994514	1Z0467A20340994523	1Z0467A20340994532						
	Tracking # 1Z0467A20340994541								
	Shipped: 04/12/2023	From: MMS Chicago	Via: UPS GROUND						
938742	Vendor: O&MHAL Vend Cat#: 41732	GOWN, SURG AERO PERFORMANCE PO LN 2	2	CS	0	186.36	.00	.00	
938742	Vendor: O&MHAL Vend Cat#: 41732	GOWN, SURG AERO PERFORMANCE PO LN 3	1	CS	0	186.36	.00	.00	
938742	Vendor: O&MHAL Vend Cat#: 41732	GOWN, SURG AERO PERFORMANCE PO LN 4	1	CS	0	186.36	.00	.00	

## 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

<b>Account Number</b>	<b>58723600</b>	<b>Date</b>	<b>04/12/2023</b>
<b>Document Number</b>	<b>54403393</b>	<b>Terms</b>	<b>AR NET 30 DAYS</b>
<b>Pay This Amount Before</b>	<b>05/12/2023</b>		<b>\$704.56</b>

Please contact us regarding electronic payment options at [MMS.Treasury@McKesson.com](mailto:MMS.Treasury@McKesson.com).

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

# McKESSON

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

## Invoice

Page 2 of 2

RCHE1DPD01

Bill To: 58723600  
COLLEGE OF DUPAGE  
SHIPPING AND RECEIVING  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6708

Shipped To:  
COLLEGE OF DUPAGE  
SHIPPING AND RECEIVING  
425 FAWELL BLVD  
GLEN ELLYN IL 60137-6708  
Ordered By: REP  
REGULATORY LICENSE: MMC\_TEACHING

Invoice Number 54403393	PO Number P0006093	Invoice Date 04/12/2023
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Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
			SUB TOTAL		FREIGHT		TAX	AMOUNT	
			\$704.56		\$0.00		\$0.00	\$704.56	

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

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

Thu, Apr 13, 2023 at 11:52 AM UTC

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**2 attachments**

MMS\_00000325\_INV0054403393\_MMGD001.PDF

MMS\_00000326\_INV0054403859\_MMGD001.PDF

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087607

Vendor Name: McKesson Medical-Surgical Inc

Invoice Number: 54403859

Invoice Date: 4/12/2023

PO Number: P0006093

Check Number: 0311842

Check Amount: \$ 1,450.00

Check Date: 05/09/2023

Voucher Number: V0784340

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

RCHE1DPD01

Shipped From:  
MCKESSON MEDICAL SURGICAL INC  
16043 EL PRADO AVENUE  
CHINO, CA 91708  
SHIPPED FROM LICENSE: 004004879

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

TIN: 94-2640465  
DUNS: 02-390-4428

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

<b>Sales Order Number</b>	<b>92513407</b>	<b>Invoice Number</b>	<b>54403859</b>
<b>Sales Order Date</b>	<b>04/12/2023</b>	<b>Invoice Date</b>	<b>04/12/2023</b>
<b>PO Number</b>	<b>P0006093</b>	<b>Payment Due Date</b>	<b>05/12/2023</b>
<b>Sales Rep Name</b>	<b>COSS, KAREN A.</b>	<b>Invoice Amount</b>	<b>\$372.72</b>

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### Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
938742	Vendor: O&MHAL Vend Cat#: 41732	GOWN, SURG AERO PERFORMANCE PO LN 2	2	CS	2	186.36	372.72	.00	
Tracking # 1ZA465150372168470 1ZA465150372168489									
Shipped: 04/12/2023 From: Chino Via: UPS GROUND									

SUB TOTAL	FREIGHT	TAX	AMOUNT
\$372.72	\$0.00	\$0.00	\$372.72

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

<b>Account Number</b>	<b>58723600</b>	<b>Date</b>	<b>04/12/2023</b>
<b>Document Number</b>	<b>54403859</b>	<b>Terms</b>	<b>AR NET 30 DAYS</b>
<b>Pay This Amount Before</b>	<b>05/12/2023</b>		<b>\$372.72</b>

Please contact us regarding electronic payment options at [MMS.Treasury@McKesson.com](mailto: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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**[External] McKesson Medical-Surgical Customer Invoice(s)**

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

Thu, Apr 13, 2023 at 11:52 AM UTC

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**2 attachments**

MMS\_00000325\_INV0054403393\_MMGD001.PDF

MMS\_00000326\_INV0054403859\_MMGD001.PDF

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087607  
Vendor Name: McKesson Medical-Surgical Inc  
Invoice Number: 54684178  
Invoice Date: 4/21/2023  
PO Number: P0006093  
Check Number: 0311842  
Check Amount: \$ 1,450.00  
Check Date: 05/09/2023  
Voucher Number: V0785112  
Document Type: AP Invoice

Document Below

# McKESSON

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

## Invoice

Page 1 of 1

RCHE1DPD01

Bill To: 58723600

Shipped From:  
MCKESSON MEDICAL-SURGICAL INC  
1005 SATELLITE BLVD.  
SUWANEE, GA 30024  
SHIPPED FROM LICENSE: 004.003327

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

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

TIN: 94-2640465  
DUNS: 02-390-4428

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

<b>Sales Order Number</b>	<b>92513407</b>	<b>Invoice Number</b>	<b>54684178</b>
<b>Sales Order Date</b>	<b>04/12/2023</b>	<b>Invoice Date</b>	<b>04/21/2023</b>
<b>PO Number</b>	<b>P0006093</b>	<b>Payment Due Date</b>	<b>05/21/2023</b>
<b>Sales Rep Name</b>	<b>COSS, KAREN A.</b>	<b>Invoice Amount</b>	<b>\$186.36</b>

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### Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
938742	Vendor: O&MHAL Vend Cat#: 41732	GOWN, SURG AERO PERFORMANCE PO LN 4	1	CS	1	186.36	186.36	.00	
Tracking # 1Z9627AW0398501971									
Shipped: 04/21/2023 From: Atlanta Via: UPS GROUND									

SUB TOTAL	FREIGHT	TAX	AMOUNT
\$186.36	\$0.00	\$0.00	\$186.36

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## Invoice

RCHE1DPD01

# McKESSON

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

<b>Account Number</b>	<b>58723600</b>	<b>Date</b>	<b>04/21/2023</b>
<b>Document Number</b>	<b>54684178</b>	<b>Terms</b>	<b>AR NET 30 DAYS</b>
<b>Pay This Amount Before</b>	<b>05/21/2023</b>		<b>\$186.36</b>

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

Please contact us regarding electronic payment options at [MMS.Treasury@McKesson.com](mailto: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> Sat, Apr 22, 2023 at 01:05 PM UTC

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**1 attachment**

MMS\_00002170\_INV0054684178\_MMGD001.PDF