

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087485
Vendor Name: Medline Industries, Inc.
Invoice Number: 2261620253
Invoice Date: 4/7/2023
PO Number: P0006537
Check Number: 0311844
Check Amount: \$ 3,799.94
Check Date: 05/09/2023
Voucher Number: V0783698
Document Type: AP Invoice

Document Below



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
P0006537	04/07/2023	2261620253

Sold To:
COLLEGE OF DU PAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

Ship To:
COLLEGE OF DU PAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3650		586667801		FEDEX GROUND		MEDLINE		1070839		USD		\$258.84	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT		

90	10.00	CS	3.00	DYND23402 /CATHETER,MALE,EXTERNAL,SIL,MD, T1, 29MM	TE	8141056018	43.14	129.42
100	10.00	CS	3.00	DYND23402 /CATHETER,MALE,EXTERNAL,SIL,MD, T1, 29MM	TE	8141275450	43.14	129.42

GROSS	TAX AMOUNT	FREIGHT	TOTAL
258.84	0.00	0.00	\$258.84

Eligible Gross Amount \$258.84

Discount amount \$2.59 if recd. by 04/17/23

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.
EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION.(PH: 800-307-8386)
INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH OR AS OTHERWISE CONTRACTUALLY STIPULATED AGAINST PAST DUE BALANCES.
MEDLINE INDUSTRIES, LP IS AN ILLINOIS LIMITED PARTNERSHIP AND INCLUDES ITS WHOLLY OWNED SUBSIDIARY MEDLINE INDUSTRIES HOLDINGS, LP, A DELAWARE LIMITED PARTNERSHIP

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Carly Saul x7704271

REMITTANCE

Bill To:
COLLEGE OF DU PAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

Customer # 1070839
Invoice # 2261620253
Invoice Date 04/07/2023
Sales Rep # 3650
Payment Terms 1% 10, Net 45
Amount Due \$258.84

Remit To:
Medline Industries, LP
Dept Ch 14400
Palatine IL 60055-4400

AMOUNT PAID \$ _____

Detach and return this portion with your payment

"CustomerInvoices@medline.com" <CustomerInvoices@medline.com>

[External] Medline Invoices 1070839

"CustomerInvoices@medline.com" <CustomerInvoices@medline.com>

Fri, Apr 7, 2023 at 09:35 AM UTC

CC:

BCC:

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Attached are Medline invoice/s.

1 attachment

2261620253.PDF

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087485
Vendor Name: Medline Industries, Inc.
Invoice Number: 2263471740
Invoice Date: 4/19/2023
PO Number: P0006537
Check Number: 0311844
Check Amount: \$ 3,799.94
Check Date: 05/09/2023
Voucher Number: V0783704
Document Type: AP Invoice

Document Below



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INVOICE

Customer PO #	Invoice Date	Invoice #
P0006537	04/19/2023	2263471740

Sold To:
COLLEGE OF DU PAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

Ship To:
COLLEGE OF DU PAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3650		586667801		FEDEX GROUND		MEDLINE		1070839		USD		\$43.14	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #	UNIT PRICE		AMOUNT			

90	10.00	CS	1.00	DYND23402	TE	8142587385	43.14	43.14
/CATHETER,MALE,EXTERNAL,SIL,MD, T1, 29MM								

GROSS	TAX AMOUNT	FREIGHT	TOTAL
43.14	0.00	0.00	\$43.14

Eligible Gross Amount \$43.14

Discount amount \$0.43 if recd. by 04/29/23

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Carly Saul x7704271

REMITTANCE

Bill To:
COLLEGE OF DU PAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

Customer #	1070839
Invoice #	2263471740
Invoice Date	04/19/2023
Sales Rep #	3650
Payment Terms	1% 10, Net 45
Amount Due	\$43.14

Remit To:
Medline Industries, LP
Dept Ch 14400
Palatine IL 60055-4400

AMOUNT PAID \$ _____

Detach and return this portion with your payment

"CustomerInvoices@medline.com" <CustomerInvoices@medline.com>

[External] Medline Invoices 1070839

"CustomerInvoices@medline.com" <CustomerInvoices@medline.com>

Wed, Apr 19, 2023 at 10:30 AM UTC

CC:

BCC:

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Attached are Medline invoice/s.

1 attachment

2263471740.PDF

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087485
Vendor Name: Medline Industries, Inc.
Invoice Number: 2261435454
Invoice Date: 4/6/2023
PO Number: P0006537
Check Number: 0311844
Check Amount: \$ 3,799.94
Check Date: 05/09/2023
Voucher Number: V0783941
Document Type: AP Invoice

Document Below



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
P0006537	04/06/2023	2261435454

Sold To:
COLLEGE OF DU PAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

Ship To:
COLLEGE OF DU PAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3650		586630829		MTRN PARCEL		MEDLINE		1070839		USD		\$2,078.06	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #	UNIT PRICE		AMOUNT			

10	1.00	CS	1.00	MDT828204C	TE	8140246482	43.63	43.63
				/BELT,TRANSFER,CTTN,60",METAL BCKL,PASTL				
20	4.00	BX	4.00	MDS090735Z	TE	8140246482	2.83	11.32
				/PAD,PREP,ALCOHOL,STRL,MEDIUM,2-PLY				
HCPCS Code #: A4245								
30	1.00	CS	1.00	MDS193076	TE	8140246482	66.90	66.90
				/GLOVE,EXAM,VINYL,ULTRA,PF,LF,LG				
HCPCS Code #: A4927								
40	1.00	CS	1.00	MDS193077	TE	8140246482	66.90	66.90
				/GLOVE,EXAM,VINYL,ULTRA,PF,LF,XL				
HCPCS Code #: A4927								
50	20.00	BX	20.00	NON27378Z	TE	8140246482	5.22	104.40
				/MASK,FACE,BLUE,PROCEDURE,EARLOOP				
60	5.00	BX	5.00	NON24774	TE	8140246482	33.23	166.15
				/GLASSES,SAFETY,CLEAR,BLACK STRIP				
70	10.00	CS	10.00	NON27SMS2	TE	8140246482	94.11	941.10
				/GOWN,COVER,MEDWGHT,SIDE/NECK TIE,YEL,REG				

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Carly Saul x7704271

REMITTANCE

Bill To:
COLLEGE OF DU PAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

Customer # 1070839
Invoice # 2261435454
Invoice Date 04/06/2023
Sales Rep # 3650
Payment Terms 1% 10, Net 45
Amount Due \$2,078.06

Remit To:
Medline Industries, LP
Dept Ch 14400
Palatine IL 60055-4400

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
P0006537	04/06/2023	2261435454

Ship To:
COLLEGE OF DU PAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
80	1.00	GR	1.00	MDS136000 /TOOTHBRUSH,INDIVIDUALLY WRAPPED,30 TUFT	TE	8140246482	12.70	12.70
90	1.00	CS	1.00	NONTP151 /TOOTHPASTE,SPARKLE FRESH,FLUORIDE,1.	TE	8140246482	116.10	116.10
100	1.00	CS	1.00	MDS096202 /SWAB,ORAL,DENTIPS,UNTREAT,INDV WRP,BLUE	TE	8140287895	58.41	58.41
110	2.00	BX	2.00	MEC37224 /CLIPPER,NAIL,FINGER,NO-FILE	TE	8140287895	10.50	21.00
120	4.00	GR	4.00	NON801778 /BOARD,EMERY,4.25"	TE	8140287895	6.95	27.80
130	2.00	CS	2.00	ENT32210 /THICKENER,ACTIVE INSTANT,10 OZ	TE	8140287895	65.60	131.20
HCPCS Code #: B4100								
140	2.00	BX	2.00	NON00293Z /SPOON,PLASTIC,6 IN,WHITE,HVY WT,100/BX	TE	8140287895	4.29	8.58
150	6.00	EA	6.00	HH70G08H /HAND SANITIZER,GEL,SPECTRUM 70%,8OZ	TE	8140287895	3.21	19.26
160	2.00	CS	2.00	MSC095100 /READYBATH, LUXE, ANTIBAC, SCENTED, 8/PK	TE	8140287895	33.18	66.36
170	1.00	EA	1.00	DYND12574H /BAG,LEG,TWIST-VALVE,STRAPS,MEDIUM,20OZ	TE	8140287895	2.07	2.07
HCPCS Code #: A4358								
180	10.00	CS	3.00	DYND23402 /CATHETER,MALE,EXTERNAL,SIL,MD, T1, 29MM	TE	8140287895	43.14	129.42
190	2.00	EA	2.00	HCSM70S /OXIMETER,PULSE,FINGERTIP,SOFT-TOUCH	TE	8140287895	25.98	51.96
HCPCS Code #: E0445								
200	2.00	BX	2.00	MPHBAAZ /BATTERY, ALKALINE, MEDCELL, 1.5V, AA	TE	8140287895	8.77	17.54
210	2.00	BX	2.00	MPHBAAZ /BATTERY, ALKALINE, MEDCELL, 1.5V, AAA	TE	8140287895	7.63	15.26

GROSS	TAX AMOUNT	FREIGHT	TOTAL
2,078.06	0.00	0.00	\$2,078.06

Eligible Gross Amount \$2,078.06
Discount amount \$20.78 if recd. by 04/16/23

* Code
TE - Tax Exempt
C - Customer Freight

"CustomerInvoices@medline.com" <CustomerInvoices@medline.com>

[External] Medline Invoices 1070839

"CustomerInvoices@medline.com" <CustomerInvoices@medline.com>

Thu, Apr 6, 2023 at 10:38 AM UTC

CC:

BCC:

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Attached are Medline invoice/s.

1 attachment

2261435454.PDF

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087485
Vendor Name: Medline Industries, Inc.
Invoice Number: 2265943239
Invoice Date: 5/4/2023
PO Number: P0006974
Check Number: 0311844
Check Amount: \$ 3,799.94
Check Date: 05/09/2023
Voucher Number: V0785152
Document Type: AP Invoice

Document Below



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INVOICE

Customer PO #	Invoice Date	Invoice #
P0006974	05/04/2023	2265943239

Sold To:
COLLEGE OF DU PAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

Ship To:
COLLEGE OF DU PAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3650		589928935		FEDEX GROUND		MEDLINE		1070839		USD		\$113.20	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #	UNIT PRICE		AMOUNT			

30	5.00	PK	5.00	MDT2168204XRZ	TE,C	8145386474	5.66	28.30
				/TOWEL,OR,DSP,ST,BLUE,DLX,XR,4/PK,20PK/CS				
130	15.00	PK	15.00	MDT2168204XRZ	TE,C	8145454824	5.66	84.90
				/TOWEL,OR,DSP,ST,BLUE,DLX,XR,4/PK,20PK/CS				

GROSS	TAX AMOUNT	FREIGHT	TOTAL
113.20	0.00	0.00	\$113.20

Eligible Gross Amount \$113.20

Discount amount \$1.13 if recd. by 05/14/23

* Code

TE - Tax Exempt

C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Carly Saul x7704271

REMITTANCE

Bill To:
COLLEGE OF DU PAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

Customer # 1070839
Invoice # 2265943239
Invoice Date 05/04/2023
Sales Rep # 3650
Payment Terms 1% 10, Net 45
Amount Due \$113.20

Remit To:
Medline Industries, LP
Dept Ch 14400
Palatine IL 60055-4400

AMOUNT PAID \$ _____

Detach and return this portion with your payment

"CustomerInvoices@medline.com" <CustomerInvoices@medline.com>

[External] Medline Invoices 1070839

"CustomerInvoices@medline.com" <CustomerInvoices@medline.com>

Thu, May 4, 2023 at 09:43 AM UTC

CC:

BCC:

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Attached are Medline invoice/s.

1 attachment

2265943239.PDF

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087485
Vendor Name: Medline Industries, Inc.
Invoice Number: 2266147180
Invoice Date: 5/4/2023
PO Number: P0006974
Check Number: 0311844
Check Amount: \$ 3,799.94
Check Date: 05/09/2023
Voucher Number: V0785157
Document Type: AP Invoice

Document Below



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
P0006974	05/04/2023	2266147180

Sold To:
COLLEGE OF DU PAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

Ship To:
COLLEGE OF DU PAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3650		589928935		NONE PROVIDED		MEDLINE		1070839		USD		\$1,306.70	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #	UNIT PRICE		AMOUNT			

20	4.00	EA	4.00	ALI931332	TE,C		323.49	1,293.96
/STRAP,ADJ GEL POSITIONER BELT								

GROSS	TAX AMOUNT	FREIGHT	TOTAL
1,293.96	0.00	12.74	\$1,306.70

Eligible Gross Amount \$1,293.96

Discount amount \$12.94 if recd. by 05/14/23

* Code

TE - Tax Exempt

C - Customer Freight

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Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Carly Saul x7704271

REMITTANCE

Bill To:
COLLEGE OF DU PAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

Customer #	1070839
Invoice #	2266147180
Invoice Date	05/04/2023
Sales Rep #	3650
Payment Terms	1% 10, Net 45
Amount Due	\$1,306.70

Remit To:
Medline Industries, LP
Dept Ch 14400
Palatine IL 60055-4400

AMOUNT PAID \$ _____

Detach and return this portion with your payment

"CustomerInvoices@medline.com" <CustomerInvoices@medline.com>

[External] Medline Invoices 1070839

"CustomerInvoices@medline.com" <CustomerInvoices@medline.com>

Fri, May 5, 2023 at 09:45 AM UTC

CC:

BCC:

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Attached are Medline invoice/s.

1 attachment

2266147180.PDF