

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087485
Vendor Name: Medline Industries, Inc.
Invoice Number: 2270801217
Invoice Date: 6/8/2023
PO Number: P0007369
Check Number: 0312964
Check Amount: \$ 93.26
Check Date: 06/20/2023
Voucher Number: V0789019
Document Type: AP Invoice

Document Below



www.medline.com

INVOICE

| Customer PO # | Invoice Date | Invoice # |
|---------------|--------------|------------|
| P0007369 | 06/08/2023 | 2270801217 |

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 | | 592079649 | | FEDEX GROUND | | MEDLINE | | 1070839 | | USD | | \$93.26 | |
| LINE NO. | ORDER QTY | U/M | INVOICE QTY | ITEM NO. / DESCRIPTION | | CODE* | DELIVERY # | UNIT PRICE | | AMOUNT | | | |

| | | | | | | | | |
|---------------------------------|------|----|------|------------|----|------------|-------|-------|
| 50 | 2.00 | BX | 2.00 | SSN103227Z | TE | 8150127660 | 46.63 | 93.26 |
| /SYR W/NDLE,SAFETY,22GX1.5, 3ML | | | | | | | | |

| | | | |
|--------------|-------------------|----------------|--------------|
| GROSS | TAX AMOUNT | FREIGHT | TOTAL |
| 93.26 | 0.00 | 0.00 | \$93.26 |

Eligible Gross Amount \$93.26

Discount amount \$0.93 if recd. by 06/18/23

* 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 # | 2270801217 |
| Invoice Date | 06/08/2023 |
| Sales Rep # | 3650 |
| Payment Terms | 1% 10, Net 45 |
| Amount Due | \$93.26 |

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, Jun 8, 2023 at 10:32 AM UTC

CC:

BCC:

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Attached are Medline invoice/s.

1 attachment

2270801217.PDF