

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1179478

Vendor Name: P&g Distributing Company Db a P&g Oral H

Invoice Number: 1110985375

Invoice Date: 4/22/2023

PO Number: B0000824

Check Number: E0095585

Check Amount: \$ 560.86

Check Date: 06/06/2023

Voucher Number: V0785730

Document Type: AP Invoice

Document Below



# INVOICE

*Cing Long 7/18/23*  
1 of 2

The Procter and Gamble Distributing LLC  
d/b/a P&G Oral Health  
PO Box 2791  
Carol Stream, IL 60132-2791

Customer Account No.: 2003012078  
Ref Account No.: 1569792  
Invoice No.: 1110985375  
Invoice Date: 04/22/2023  
Order No.: 2060460998  
Ref Order No.: 2001594873  
Customer P.O. No.: BO 000824  
Due Date: 05/22/2023  
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 (\$)
80357575	CR GUM & Sens All Day Prot 36/.85oz 1 Case of 36 Items	10037000903991	4	Case	\$ 9.48	\$ 37.92
80706868	CR Gum Restore PRO Dp Cln 36/.85oz 1 Case of 36 Items	10030772062002	4	Case	\$ 9.48	\$ 37.92
80366100	OK034 OB STGS GALAXY RB 6 1CT 42MM 1 Box of 6 Items	20300410105635	6	Box	\$ 1.14	\$ 6.84
84855870	OB SUPER 50CT STRANDS MINT 30M 1 Case of 24 Items	20300410825700	1	Case	\$ 47.00	\$ 47.00
84837276	GL OB PH DEEP CLN 4M MASTER CASE 1 Box of 72 Items	20037000143028	2	Box	\$ 18.36	\$ 36.72
84843394	GL OB PH ORIG 4M MINI-LIVING HING MSR 1 Box of 72 Items	20037000142991	2	Box	\$ 18.36	\$ 36.72
80344383	OB FlossAction AB ER Refill, 1pk 1 Box of 6 Items	30069055841359	2	Box	\$ 26.94	\$ 53.88

-----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.: 1110985375  
Due Date: 05/22/2023

Total Amount (\$) \$ 347.72

REMITTANCE ADDRESS  
The Procter and Gamble Distributing LLC  
d/b/a P&G Oral Health  
PO Box 2791  
Carol Stream, IL 60132-2791

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.



Material	Description	UPC (Item)	Quantity	Unit Type	Price (\$)	Amount (\$)
80282491	OB Glide PH Advanced FLS 4M 1 Box of 72 Items	20037000299749	2	Box	\$ 18.36	\$ 36.72
80325105	CR PH Advanced EnamelCare RNS 1L 1 Case of 6 Items	10037000945670	1	Case	\$ 18.00	\$ 18.00
80325110	CR PH MultiProtection RNS 1L 1 Case of 6 Items	10037000449826	1	Case	\$ 18.00	\$ 18.00
80351354	CMW Breath Bacteria Blast 946mL/6ct 1 Case of 6 Items	10037000824227	1	Case	\$ 18.00	\$ 18.00
					<b>Sub Total (\$)</b>	<b>347.72</b>
					<b>Freight (\$)</b>	<b>0.00</b>
					<b>Sales Tax (\$)</b>	<b>0.00</b>
					<b>Total Amount (\$)</b>	<b>347.72</b>

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

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**Attached Image**

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

Tue, Apr 18, 2023 at 12:39 PM UTC

CC:

BCC:

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**1 attachment**

2769\_001.pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1179478

Vendor Name: P&g Distributing Company Db a P&g Oral H

Invoice Number: 1110985379

Invoice Date: 4/22/2023

PO Number: B0000824

Check Number: E0095585

Check Amount: \$ 560.86

Check Date: 06/06/2023

Voucher Number: V0785731

Document Type: AP Invoice

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## INVOICE

*Angie Conley*  
1 of 1 4/18/23

The Procter and Gamble Distributing LLC  
d/b/a P&G Oral Health  
PO Box 2791  
Carol Stream, IL 60132-2791

Customer Account No.: 2003012078  
Ref Account No.: 1569792  
Invoice No.: 1110985379  
Invoice Date: 04/22/2023  
Order No.: 2060473930  
Ref Order No.: 2001597085  
Customer P.O. No.: BO 000824  
Due Date: 05/22/2023  
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 (\$)
80366558	OB Pro100 PrecCln BatteryBrush 1 Case of 12 Items	10069055854904	2	Case	\$ 97.09	\$ 194.18
Sub Total (\$)						194.18
Freight (\$)						0.00
Sales Tax (\$)						0.00
Total Amount (\$)						194.18

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Customer Account No.: 2003012078  
Invoice No.: 1110985379  
Due Date: 05/22/2023  
Total Amount (\$) \$ 194.18

REMITTANCE ADDRESS  
The Procter and Gamble Distributing LLC  
d/b/a P&G Oral Health  
PO Box 2791  
Carol Stream, IL 60132-2791

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>

Tue, Apr 18, 2023 at 12:39 PM UTC

CC:

BCC:

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**1 attachment**

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Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1179478  
Vendor Name: P&g Distributing Company Db a P&g Oral H  
Invoice Number: 1111090210  
Invoice Date: 5/9/2023  
PO Number: B0000824  
Check Number: E0095585  
Check Amount: \$ 560.86  
Check Date: 06/06/2023  
Voucher Number: V0786366  
Document Type: AP Invoice

Document Below





# INVOICE

*only only*  
1 of 1  
5/15/23

The Procter and Gamble Distributing LLC  
d/b/a P&G Oral Health  
PO Box 2791  
Carol Stream, IL 60132-2791

Customer Account No.: 2003012078  
Ref Account No.: 1569792  
Invoice No.: 1111090210  
Invoice Date: 05/09/2023  
Order No.: 2060460998  
Ref Order No.: 2001594873  
Customer P.O. No.: BO 000824  
Due Date: 06/08/2023  
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 (\$)
80366074	CR PH CleanMint PST 0.85oz 1 Case of 36 Items	10037000995606	2	Case	\$ 9.48	\$ 18.96
Sub Total (\$)						18.96
Freight (\$)						0.00
Sales Tax (\$)						0.00
Total Amount (\$)						18.96

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Customer Account No.: 2003012078  
Invoice No.: 1111090210  
Due Date: 06/08/2023  
Total Amount (\$) \$ 18.96

REMITTANCE ADDRESS  
The Procter and Gamble Distributing LLC  
d/b/a P&G Oral Health  
PO Box 2791  
Carol Stream, IL 60132-2791

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, May 5, 2023 at 04:24 PM UTC

CC:

BCC:

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**1 attachment**

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