

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089387
Vendor Name: School Health Corporation
Invoice Number: 4254933-02
Invoice Date: 9/25/2023
PO Number: P0008536
Check Number: 0318190
Check Amount: \$ 7,199.62
Check Date: 10/11/2023
Voucher Number: V0803244
Document Type: AP Invoice

Document Below



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School Health Corporation
5600 Apollo Drive
Rolling Meadows, Illinois 60008
P(866)323-5465 | F(800)235-1305
schoolhealth.com

INVOICE

Cust #: 241
Attn: BEVERLY SMITH 6309422238
Ship To: COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6708

AMOUNT DUE	INVOICE DATE	INVOICE NO.
181.10	09/25/23	4254933-02
P.O. NO.		PAGE #
P0008536		1

Bill To: COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6708

Remit To: School Health Corporation
6764 Eagle Way
Chicago, IL 60678-1067

INSTRUCTIONS				SHIP POINT	VIA	TERMS	
				SCHOOL HEALTH	UPS GROUND	NET 30	
LN	ITEM AND DESCRIPTION	ORDERED	BACKORDERED	SHIPPED	UOM	PRICE	EXTENDED PRICE
15	61165 SOFT SHELL MEDICINE BALL 4 LBS. ** DIRECT ORDER **	1	0	1	EACH	43.93	43.93
16	61166 SOFT SHELL MEDICINE BALL 7 LBS ** DIRECT ORDER **	1	0	1	EACH	64.55	64.55
17	61167 SOFT SHELL MEDICINE BALL 11 LBS ** DIRECT ORDER **	1	0	1	EACH	72.62	72.62
Tracking #: 1Z73825W0393141743		1Z73825W0393141743		1Z73825W0393141743			
3 Lines Total		Qty Shipped Total		3	Subtotal		181.10
					Invoice Total		181.10

Tax ID Number: 36-2425385

"support@schoolhealth.com" <support@schoolhealth.com>

[External] OE_Invoice_for_Order_#:4254933-02

"support@schoolhealth.com" <support@schoolhealth.com>

Tue, Sep 26, 2023 at 02:14 AM UTC

CC:

BCC:

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1 attachment

SYS5527576.492b.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089387
Vendor Name: School Health Corporation
Invoice Number: 4254933-03
Invoice Date: 9/28/2023
PO Number: P0008536
Check Number: 0318190
Check Amount: \$ 7,199.62
Check Date: 10/11/2023
Voucher Number: V0803300
Document Type: AP Invoice

Document Below



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5600 Apollo Drive
Rolling Meadows, Illinois 60008
P(866)323-5465 | F(800)235-1305
schoolhealth.com

INVOICE

Cust #: 241
Attn: BEVERLY SMITH 6309422238
Ship To: COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6708

AMOUNT DUE	INVOICE DATE	INVOICE NO.
189.19	09/28/23	4254933-03
P.O. NO.		PAGE #
P0008536		1

Bill To: COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6708

Remit To: School Health Corporation
6764 Eagle Way
Chicago, IL 60678-1067

INSTRUCTIONS				SHIP POINT	VIA	TERMS	
				SCHOOL HEALTH	UPS GROUND	NET 30	
LN	ITEM AND DESCRIPTION	ORDERED	BACKORDERED	SHIPPED	UOM	PRICE	EXTENDED PRICE
13	61174 WOBBLE BOARD W/SPACER 20 IN Tracking #: 1Z6F9A520389664282	1	0	1	EACH	189.19	189.19
1 Lines Total		Qty Shipped Total		1	Subtotal		189.19
					Invoice Total		189.19

Tax ID Number: 36-2425385

"support@schoolhealth.com" <support@schoolhealth.com>

[External] OE_Invoice_for_Order_#:4254933-03

"support@schoolhealth.com" <support@schoolhealth.com>

Fri, Sep 29, 2023 at 02:26 AM UTC

CC:

BCC:

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1 attachment

SYS6118177.160b.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089387
Vendor Name: School Health Corporation
Invoice Number: 4247496-02
Invoice Date: 9/21/2023
PO Number: P0008211
Check Number: 0318190
Check Amount: \$ 7,199.62
Check Date: 10/11/2023
Voucher Number: V0803320
Document Type: AP Invoice

Document Below



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5600 Apollo Drive
Rolling Meadows, Illinois 60008
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schoolhealth.com

INVOICE

Cust #: 98052
Attn: ABBY NIX
Ship To: COLLEGE OF DUPAGE ATHLETICS
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6708

AMOUNT DUE	INVOICE DATE	INVOICE NO.
92.86	09/21/23	4247496-02
P.O. NO.		PAGE #
8211		1

Bill To: COLLEGE OF DUPAGE ATHLETICS
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6708

Remit To: School Health Corporation
6764 Eagle Way
Chicago, IL 60678-1067

INSTRUCTIONS	SHIP POINT	VIA	TERMS
	SCHOOL HEALTH	UPS GROUND	NET 30

LN	ITEM AND DESCRIPTION	ORDERED	BACKORDERED	SHIPPED	UOM	PRICE	EXTENDED PRICE
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7	41877 HG80 KNEE BRACE HINGED XL MUELLER Tracking #: 1Z6F9A520392763936	2	0	2	EACH	46.43	92.86
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1 Lines Total	Qty Shipped Total	2	Subtotal	92.86
			Invoice Total	92.86

Tax ID Number: 36-2425385

"support@schoolhealth.com" <support@schoolhealth.com>

[External] OE_Invoice_for_Order_#:4247496-02

"support@schoolhealth.com" <support@schoolhealth.com>

Fri, Sep 22, 2023 at 02:22 AM UTC

CC:

BCC:

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1 attachment

SYS5121076.933b.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089387
Vendor Name: School Health Corporation
Invoice Number: 4258151-00
Invoice Date: 9/22/2023
PO Number:
Check Number: 0318190
Check Amount: \$ 7,199.62
Check Date: 10/11/2023
Voucher Number: V0803739
Document Type: AP Invoice

Document Below



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School Health Corporation
5600 Apollo Drive
Rolling Meadows, Illinois 60008
P(866)323-5465 | F(800)235-1305
schoolhealth.com

Return Merchandise INVOICE

Cust #: 241
Attn: KATIE SCHNEIDER
Ship To: COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6708

AMOUNT DUE	INVOICE DATE	INVOICE NO.
134.50-	09/22/23	4258151-00
P.O. NO.		PAGE #
P0008536RM		1

Bill To: COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6708

Remit To: School Health Corporation
6764 Eagle Way
Chicago, IL 60678-1067

INSTRUCTIONS		SHIP POINT	VIA	TERMS
		SCHOOL HEALTH	UPS GROUND	NET 30

LN	ITEM AND DESCRIPTION	ORDERED	BACKORDERED	SHIPPED	UOM	PRICE	EXTENDED PRICE
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1	1035324 THE PRONATOR CLINCIAL SET	1-	0	1-	PR	134.50	134.50
---	--------------------------------------	----	---	----	----	--------	--------

1 Lines Total	Qty Shipped Total	1-	Subtotal	134.50-
			Invoice Total	134.50-
			Cred Apl 4254933-00	134.50
			Remaining Credit	0.00

CREDIT - DO NOT PAY
=====

Tax ID Number: 36-2425385

"support@schoolhealth.com" <support@schoolhealth.com>

[External] OE_Invoice_for_Order_#:4258151-00

"support@schoolhealth.com" <support@schoolhealth.com>

Sat, Sep 23, 2023 at 02:22 AM UTC

CC:

BCC:

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1 attachment

SYS5324976.954b.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089387
Vendor Name: School Health Corporation
Invoice Number: 4258139-00
Invoice Date: 9/23/2023
PO Number:
Check Number: 0318190
Check Amount: \$ 7,199.62
Check Date: 10/11/2023
Voucher Number: V0803750
Document Type: AP Invoice

Document Below



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School Health Corporation
5600 Apollo Drive
Rolling Meadows, Illinois 60008
P(866)323-5465 | F(800)235-1305
schoolhealth.com

Return Merchandise INVOICE

Cust #: 98052
Attn: KATIE SCHNEIDER
Ship To: COLLEGE OF DUPAGE ATHLETICS
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6708

AMOUNT DUE	INVOICE DATE	INVOICE NO.
2126.75-		4258139-00
P.O. NO.		PAGE #
8211RM		1

Bill To: COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6708

Remit To: School Health Corporation
6764 Eagle Way
Chicago, IL 60678-1067

INSTRUCTIONS			SHIP POINT		VIA		TERMS	
			SCHOOL HEALTH		UPS GROUND		NET 30	
LN	ITEM AND DESCRIPTION	ORDERED	BACKORDERED	SHIPPED	UOM	PRICE	EXTENDED PRICE	
17	28026 COACH TAPE 1-1/2 IN X 15 YD POROUS 32/CS	25-	0	25-	CS	84.41	2110.25	
18	1000030 HAND TOWELS COTTON WHT 12/CS	1-	0	1-	CS	16.50	16.50	
2 Lines Total		Qty Shipped Total		26-	Subtotal		2126.75-	
					Invoice Total		2126.75-	
					CREDIT - DO NOT PAY		=====	

Tax ID Number: 36-2425385

"support@schoolhealth.com" <support@schoolhealth.com>

[External] OE_Invoice_for_Order_#:4258139-00

"support@schoolhealth.com" <support@schoolhealth.com>

Sat, Sep 23, 2023 at 02:22 AM UTC

CC:

BCC:

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1 attachment

SYS5324876.953b.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1089387
Vendor Name: School Health Corporation
Invoice Number: 4257649
Invoice Date: 9/29/2023
PO Number: P0008666
Check Number: 0318190
Check Amount: \$ 7,199.62
Check Date: 10/11/2023
Voucher Number: V0803915
Document Type: AP Invoice

Document Below



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School Health Corporation
5600 Apollo Drive
Rolling Meadows, Illinois 60008
P(866)323-5465 | F(800)235-1305
schoolhealth.com

INVOICE

Cust #: 241
Attn: NICOLE ROHN
Ship To: COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6708

Bill To: COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6708

Remit To: School Health Corporation
6764 Eagle Way
Chicago, IL 60678-1067

AMOUNT DUE	INVOICE DATE	INVOICE NO.
111.73	09/29/23	4257649-00
P.O. NO.		PAGE #
P0008666		1

INSTRUCTIONS			SHIP POINT		VIA		TERMS	
			SCHOOL HEALTH		UPS GROUND		NET 30	
LN	ITEM AND DESCRIPTION	ORDERED	BACKORDERED	SHIPPED	UOM	PRICE	EXTENDED PRICE	
6	1038374 NITRILE EXAM GLOVE, STANDARD CUFF 3.5G LG 10	8	0	8	BX	4.49	35.92	
7	1038375 NITRILE EXAM GLOVE, STANDARD CUFF 3.5G MD 10	8	0	8	BX	4.49	35.92	
8	1040785 XL NITRILE EXAM GLOVE, 100/BX, 4MIL, COBALT, CT Tracking #: 1Z6F9A520324705920	6	0	6	BX	4.49	26.94	
3 Lines Total		Qty Shipped Total		22	Subtotal		98.78	
					Freight		12.95	
					Invoice Total		111.73	

Tax ID Number: 36-2425385

RE: FW: RE: [External] School Health Quote 4256860 [ref: _00DU0K0lZ._500RM1cocm:ref]

Customer Service <customerservice@schoolhealth.com>

Wed, Oct 4, 2023 at 08:43 PM UTC

CC:

BCC:

Good Evening,

Thank you for contacting School Health. Please see the attached invoice as requested.

Feel free to let me know if there is anything else I can help you with.

Thank you, have a great day!

Shanquetta Jones
Customer Care Representative

SCHOOL HEALTH CORPORATION
Health Services | Sports Medicine | Special Education | Early Childhood | Physical Education
Office | Mobile | Fax | Text
866.323.5465
sjones@schoolhealth.com

5600 Apollo Drive
Rolling Meadows, Illinois 60008
www.schoolhealth.com

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----- Forwarded Message -----

From: Rohn, Nicole [rohnn341@cod.edu]

Sent: 10/3/2023 12:27 PM

To: quotescentral@schoolhealth.com

Subject: RE: [External] School Health Quote 4256860

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon,

We have received the products from this quote/order. Please submit your invoice to invoicing@cod.edu for payment. Thank you!

Thank you,

Nicole Rohn

Administration Assistant

College of DuPage

Suburban Law Enforcement Academy

Office (630) 942-2811 |

rohnn341@cod.edu | cod.edu/slea

HEC | 425 Fawell Blvd. | Glen Ellyn, IL 60137

From: noreply@salesforce.com <noreply@salesforce.com> **On Behalf Of** Contract Sales Central Queue

Sent: Monday, September 18, 2023 12:51 PM

To: Rohn, Nicole <rohnn341@cod.edu>

Subject: [External] School Health Quote 4256860

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Dear Nicole,

Here is a copy of the quote you requested. When you order, be sure to reference quote #4256860 to receive this special pricing. There are several convenient ways to order:

- By School Health website, www.schoolhealth.com
- By phone, (866) 323-5465
- By email, orders@schoolhealth.com
- By fax, (800) 235-1305

To update or change your quote please contact us at bids@schoolhealth.com.

Please let me know if I can assist you in placing this order.

Thank you,

Eric Hoysack

SCHOOL HEALTH CORPORATION

Health Services | Sports Medicine | Special Education | Early Childhood

Office | Mobile | Fax | Text

866-323-5465

bids@schoolhealth.com

5600 Apollo Drive

Rolling Meadows, Illinois 60008

www.schoolhealth.com

ref:_00DU0K0IZ._500RM1cocm:ref

1 attachment

mail9075.pdf