

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1179478
Vendor Name: P&g Distributing Company Db a P&g Oral H
Invoice Number: 1114004618
Invoice Date: 9/17/2024
PO Number: B0002165
Check Number: E0103347
Check Amount: \$ 400.42
Check Date: 09/24/2024
Voucher Number: V0852301
Document Type: AP Invoice

Document Below



INVOICE

1 of 1

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

Cheryl Conroy
9/16/24

Customer Account No.: 2003012078
Ref Account No.: 1569792
Invoice No.: 1114004618
Invoice Date: 09/17/2024
Order No.: 2068352808
Ref Order No.: 2002024829
Customer P.O. No.: BO 002165
Due Date: 10/17/2024
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
84860306	OB Complete SatinFloss Mint 10yd 1 Case of 144 Items	10068305641264	1	Case	\$ 26.00	\$ 26.00
80363699	CR Braces OTG PrecClnBrush 1 Case of 48 Items	10300410109155	1	Case	\$ 123.36	\$ 123.36
80777585	CR PH Gum & Sens PST 0.85oz 1 Case of 36 Items	10030772138752	4	Case	\$ 9.48	\$ 37.92
80297304	CR Kids Sparkle CavProt PST 0.85oz 1 Case of 72 Items	10037000401596	1	Case	\$ 18.96	\$ 18.96
Sub Total (\$)						400.42
Freight (\$)						0.00
Sales Tax (\$)						0.00
Total Amount (\$)						400.42

-----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.: 1114004618
Due Date: 10/17/2024
Total Amount (\$) \$ 400.42

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>

Attached Image

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

Mon, Sep 16, 2024 at 01:55 PM UTC

CC:

BCC:

1 attachment

0018_001.pdf