

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087485  
Vendor Name: Medline Industries, Inc.  
Invoice Number: 2343710438  
Invoice Date: 11/9/2024  
PO Number:  
Check Number: 0333828  
Check Amount: \$ 411.84  
Check Date: 01/22/2025  
Voucher Number: V0865279  
Document Type: AP Invoice

Document Below



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# INVOICE

Customer PO #	Invoice Date	Invoice #
P0014473	11/09/2024	2343710438

**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		637000465		FEDEX GROUND		MEDLINE		1070839		USD		\$28.05	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT		

70	1.00 BX	1.00	HTP18172	TE	8221903061		28.05	28.05
/POUCH,NI,2PC,DRNABL,CLR,1-3/4FL,12LONG								

HCPCS Code #: A5063

GROSS	TAX AMOUNT	FREIGHT	TOTAL
28.05	0.00	0.00	\$28.05

\*\* Special Ship-To

\* 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



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# REMITTANCE

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

Customer #	1070839
Invoice #	2343710438
Invoice Date	11/09/2024
Sales Rep #	3650
Payment Terms	Net 60
Amount Due	\$28.05

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

AMOUNT PAID \$ \_\_\_\_\_

Detach and return this portion with your payment

**"Maday, Kari"** <madayk2239@cod.edu>

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**Attached Image**

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**"Maday, Kari"** <madayk2239@cod.edu>

Fri, Jan 17, 2025 at 07:45 PM UTC

CC:

BCC:

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**1 attachment**

1477\_001.pdf

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087485  
Vendor Name: Medline Industries, Inc.  
Invoice Number: 2344197803  
Invoice Date: 11/13/2024  
PO Number: P0014557  
Check Number: 0333828  
Check Amount: \$ 411.84  
Check Date: 01/22/2025  
Voucher Number: V0865281  
Document Type: AP Invoice

Document Below



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# INVOICE

Customer PO #	Invoice Date	Invoice #
P0014557	11/13/2024	2344197803

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

**Ship To:**  
COLLEGE OF DU PAGE SHIPPING & RECEI\*\*  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3650		637450053		MTRN PARCEL		MEDLINE		1070839		USD		\$307.72	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT		

10	1.00	CS	1.00	DYND41471	TE	8221993349	74.80	74.80
/KIT,CATHETER,SUCTION,12 FR,W/H2O,100ML								

HCPCS Code #: A4624 + A4930 + A4216

20	2.00	CS	2.00	OM11258ML	TE	8221993349	116.46	232.92
/MASK,O2,OXYMASK,ADLT,7' UC								

HCPCS Code #: A4620

GROSS	TAX AMOUNT	FREIGHT	TOTAL
307.72	0.00	0.00	\$307.72

\*\* Special Ship-To

\* 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)

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



www.medline.com

# REMITTANCE

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

<b>Customer #</b>	1070839
<b>Invoice #</b>	2344197803
<b>Invoice Date</b>	11/13/2024
<b>Sales Rep #</b>	3650
<b>Payment Terms</b>	Net 60
<b>Amount Due</b>	\$307.72

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

AMOUNT PAID \$ \_\_\_\_\_

Detach and return this portion with your payment

**"Maday, Kari"** <madayk2239@cod.edu>

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**Attached Image**

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**"Maday, Kari"** <madayk2239@cod.edu>

Fri, Jan 17, 2025 at 07:46 PM UTC

CC:

BCC:

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**1 attachment**

1480\_001.pdf

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087485  
Vendor Name: Medline Industries, Inc.  
Invoice Number: 2344533794  
Invoice Date: 11/15/2024  
PO Number: P0014363  
Check Number: 0333828  
Check Amount: \$ 411.84  
Check Date: 01/22/2025  
Voucher Number: V0865283  
Document Type: AP Invoice

Document Below



www.medline.com

# INVOICE

Customer PO #	Invoice Date	Invoice #
P0014363	11/15/2024	2344533794

**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		636202677		FEDEX GROUND		MEDLINE		1070839		USD		\$76.07		
LINE NO.	ORDER QTY		U/M	INVOICE QTY		ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT	

60	1.00	CS	1.00	PRD89017	TE	8222808458	76.07	76.07
/GLOVE,UTILITY,LATEX/NITRILE BLEND,LG								

GROSS	TAX AMOUNT	FREIGHT	TOTAL
76.07	0.00	0.00	\$76.07

\*\* Special Ship-To

\* Code  
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C - Customer Freight

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www.medline.com

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

# REMITTANCE

**Customer #** 1070839  
**Invoice #** 2344533794  
**Invoice Date** 11/15/2024  
**Sales Rep #** 3650  
**Payment Terms** Net 60  
**Amount Due** \$76.07

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

AMOUNT PAID \$ \_\_\_\_\_

Detach and return this portion with your payment



**"Maday, Kari"** <madayk2239@cod.edu>

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**Attached Image**

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**"Maday, Kari"** <madayk2239@cod.edu>

Fri, Jan 17, 2025 at 07:46 PM UTC

CC:

BCC:

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**1 attachment**

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