

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089387  
Vendor Name: School Health Corporation  
Invoice Number: CINV000174484  
Invoice Date: 12/16/2024  
PO Number: P0014535  
Check Number: 0333844  
Check Amount: \$ 7,645.24  
Check Date: 01/22/2025  
Voucher Number: V0865401  
Document Type: AP Invoice

Document Below



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

Attn: BEVERLY SMITH  
Ship To: COLLEGE OF DUPAGE  
SHIPPING AND RECEIVING  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6708  
USA

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

## INVOICE

DATE	INVOICE NO.
12/16/2024	CINV000174484
SALES ORDER NO.	P.O. #
SO000103611	P0014535

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

SHIP POINT	SHIP VIA	PAYMENT TERMS
See line(s) Ship Point	UPS P-U	Net 30 days
CUSTOMER NOTES & INSTRUCTIONS		

LN	ITEM AND DESCRIPTION	ORDERED	BACKORDER	UOM	UNIT PRICE	AMOUNT
1	1006214	1		EA	6,382.990 0	6,382.99
	VECTRA GENISYS 4 CHANNEL COMBINATION SYS.W/ CART Ship point:					

Sub Total	6,382.99
Freight	0.00
Freight	0.00
Total	6,382.99

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**[External] 241 COLLEGE OF DUPAGE – Statement of Account**

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School Health <arsupport@schoolhealth.com>

Wed, Jan 1, 2025 at 02:40 PM 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.

241  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6708

Dear Customer,

Hope all is well. Upon review of the attached Statement of Account, if there are any questions or discrepancies, please contact Customer Care toll-free at 866-323-5465 or by e-mail at [customercare@schoolhealth.com](mailto:customercare@schoolhealth.com).

For your convenience, payment can be made using any major credit card. No additional fees apply to utilize this payment method. Please contact Customer Care using the toll-free number to utilize this payment option.

If payment has been sent recently, please disregard this email. Thank you for your prompt attention to this matter.

Sincerely,

School Health Corporation  
Accounts Receivable Department

5600 Apollo Drive, Rolling Meadows, IL 60008  
Toll Free 866-323-5465 Fax 800-235-1305

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**3 attachments**

School Health Customer Statement\_20250101084001935988.pdf

ATT00001.png

CINV000174484\_20241217\_091236121.pdf

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089387  
Vendor Name: School Health Corporation  
Invoice Number: CINV000181853  
Invoice Date: 1/13/2025  
PO Number: P0015195  
Check Number: 0333844  
Check Amount: \$ 7,645.24  
Check Date: 01/22/2025  
Voucher Number: V0865430  
Document Type: AP Invoice

Document Below



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P(866)323-5465 | F(800)235-1305 | SchoolHealth.com

## INVOICE

DATE	INVOICE NO.
1/13/2025	CINV000181853
SALES ORDER NO.	P.O. #
SO000120281	P0015195

Attn: BEVERLY SMITH/SHIPPING RECEIVING  
Ship To: COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6708  
USA

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

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

SHIP POINT	SHIP VIA	PAYMENT TERMS
See line(s) Ship Point	UPS P-U	Net 30 days
CUSTOMER NOTES & INSTRUCTIONS		

LN	ITEM AND DESCRIPTION	ORDERED	BACKORDER	UOM	UNIT PRICE	AMOUNT
2	1041851 MIDLAND 50-CHANEL EMRGCY TWO- WAY RADIO Ship point:	3		EA	124.5900	373.77

<b>Sub Total</b>	373.77
<b>Freight</b>	0.00
<b>Freight</b>	0.00
<b>Total</b>	373.77

Support <support@schoolhealth.com>

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**[External] 241 COLLEGE OF DUPAGE - Invoice CINV000181853**

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Support <support@schoolhealth.com>

Tue, Jan 14, 2025 at 05:43 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.

Dear Customer,

Attached is CINV000181853. Upon review of the attached invoice, if there are any questions or discrepancies, please contact Customer Care toll-free at 866-323-5465 or by e-mail at [customercare@schoolhealth.com](mailto:customercare@schoolhealth.com).

For your convenience, payment can be made using any major credit card. No additional fees apply to utilize this payment method. Please contact Customer Care using the toll-free number to utilize this payment option.

Sincerely,

School Health Corporation  
Accounts Receivable Department

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**1 attachment**

CINV000181853.pdf

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089387  
Vendor Name: School Health Corporation  
Invoice Number: CINV000180571  
Invoice Date: 1/8/2025  
PO Number: P0015112  
Check Number: 0333844  
Check Amount: \$ 7,645.24  
Check Date: 01/22/2025  
Voucher Number: V0865473  
Document Type: AP Invoice

Document Below





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

## INVOICE

DATE	INVOICE NO.
1/8/2025	CINV000180571
SALES ORDER NO.	P.O. #
SO000118944	P0015112

Attn: BEVERLY SMITH  
Ship To: COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6708  
USA

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

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

SHIP POINT	SHIP VIA	PAYMENT TERMS
See line(s) Ship Point	UPS P-U	Net 30 days
CUSTOMER NOTES & INSTRUCTIONS		
Due to the extended mfg delay of the item #1046095, DEADBUG DV2-SPLATTER, we suggest #1046081 ,NEXUS DEADBUG DV2-BLACK, as a comparable product.		

LN	ITEM AND DESCRIPTION	ORDERED	BACKORDER	UOM	UNIT PRICE	AMOUNT
1	1040754 S NITRILE EXAM GLOVE, 100/BX, 3.5 MIL, BLK Ship point:	4		BX	4.6400	18.56
2	1040755 M NITRILE EXAM GLOVE, 100/BX, 3.5 MIL, BLK Ship point:	8		BX	4.6400	37.12
3	1040756 L NITRILE EXAM GLOVE, 100/BX, 3.5 MIL, BLK Ship point:	4		BX	4.6400	18.56
4	91239 SUPER GLUE 2/PKG Ship point:	4		PK	6.9900	27.96
5	38459 GATORADE 03 RECOVERY SHAKE VNLA 11.6 OZ 12/CS Ship point:	2		CS	21.3500	42.70
7	1046085 NEXUS DEADBUG DV2-FLAMINGO DEADBUG DV2-FLAMINGO Ship point:	1		EA	107.6800	107.68
9	28450 JAYLASTIC SELECT TAPE 3 IN X 7-1/2 YD 16/CS Ship point:	4		CS	80.0900	320.36
10	49276 BZK ANTISEPTIC TOWELETTE BULK 1,000/CS Ship point:	1		CS	37.9700	37.97

Sub Total	610.91
Freight	0.00
Freight	0.00
Total	610.91

Support <support@schoolhealth.com>

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**[External] 241 COLLEGE OF DUPAGE - Invoice CINV000180571**

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Support <support@schoolhealth.com>

Thu, Jan 9, 2025 at 05:43 AM UTC

CC:

BCC:

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Dear Customer,

Attached is CINV000180571. Upon review of the attached invoice, if there are any questions or discrepancies, please contact Customer Care toll-free at 866-323-5465 or by e-mail at [customercare@schoolhealth.com](mailto:customercare@schoolhealth.com).

For your convenience, payment can be made using any major credit card. No additional fees apply to utilize this payment method. Please contact Customer Care using the toll-free number to utilize this payment option.

Sincerely,

School Health Corporation  
Accounts Receivable Department

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**1 attachment**

CINV000180571.pdf

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089387  
Vendor Name: School Health Corporation  
Invoice Number: CINV000179887  
Invoice Date: 1/6/2025  
PO Number: P0015195  
Check Number: 0333844  
Check Amount: \$ 7,645.24  
Check Date: 01/22/2025  
Voucher Number: V0865482  
Document Type: AP Invoice

Document Below



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

## INVOICE

DATE	INVOICE NO.
1/6/2025	CINV000179887
SALES ORDER NO.	P.O. #
SO000120281	P0015195

Attn: BEVERLY SMITH/SHIPPING RECEIVING  
Ship To: COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6708  
USA

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

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

SHIP POINT	SHIP VIA	PAYMENT TERMS
See line(s) Ship Point	UPS P-U	Net 30 days
CUSTOMER NOTES & INSTRUCTIONS		

LN	ITEM AND DESCRIPTION	ORDERED	BACKORDER	UOM	UNIT PRICE	AMOUNT
3	27372 GAUZE SPNG NSTRL NONADH 12PLY 2X2 DUKAL 200/BX Ship point:	6		BG	5.1100	30.66
4	27376 GAUZE SPNG NSTRL NONADH 12PLY 4X4 DUKAL 200/BX Ship point:	6		BG	12.0900	72.54
5	27374 GAUZE SPNG NSTRL NONADH 12PLY 3X3 DUKAL 200/BX Ship point:	6		BG	9.2400	55.44
6	27543 GAUZE SPNG STRL NONADH 12PLY 3X3 SH 100/BX Ship point:	8		BX	10.0000	80.00

<b>Sub Total</b>	238.64
<b>Freight</b>	0.00
<b>Freight</b>	0.00
<b>Total</b>	238.64

Support <support@schoolhealth.com>

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**[External] 241 COLLEGE OF DUPAGE - Invoice CINV000179887**

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Support <support@schoolhealth.com>

Tue, Jan 7, 2025 at 05:53 AM UTC

CC:

BCC:

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Dear Customer,

Attached is CINV000179887. Upon review of the attached invoice, if there are any questions or discrepancies, please contact Customer Care toll-free at 866-323-5465 or by e-mail at [customercare@schoolhealth.com](mailto:customercare@schoolhealth.com).

For your convenience, payment can be made using any major credit card. No additional fees apply to utilize this payment method. Please contact Customer Care using the toll-free number to utilize this payment option.

Sincerely,

School Health Corporation  
Accounts Receivable Department

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**1 attachment**

CINV000179887.pdf

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089387  
Vendor Name: School Health Corporation  
Invoice Number: CINV000179281  
Invoice Date: 1/2/2025  
PO Number: P0015195  
Check Number: 0333844  
Check Amount: \$ 7,645.24  
Check Date: 01/22/2025  
Voucher Number: V0865485  
Document Type: AP Invoice

Document Below



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## INVOICE

DATE	INVOICE NO.
1/2/2025	CINV000179281
SALES ORDER NO.	P.O. #
SO000120281	P0015195

Attn: BEVERLY SMITH/SHIPPING RECEIVING  
Ship To: COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6708  
USA

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

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

SHIP POINT	SHIP VIA	PAYMENT TERMS
See line(s) Ship Point	UPS P-U	Net 30 days
CUSTOMER NOTES & INSTRUCTIONS		

LN	ITEM AND DESCRIPTION	ORDERED	BACKORDER	UOM	UNIT PRICE	AMOUNT
1	16722PS SPORTS HEALTH SLIDER DISC PACK, 5 PAIRS Ship point:	1		EA	38.9300	38.93

<b>Sub Total</b>	38.93
<b>Freight</b>	0.00
<b>Freight</b>	0.00
<b>Total</b>	38.93

Support <support@schoolhealth.com>

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**[External] 241 COLLEGE OF DUPAGE - Invoice CINV000179281**

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Support <support@schoolhealth.com>

Fri, Jan 3, 2025 at 05:32 AM UTC

CC:

BCC:

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Dear Customer,

Attached is CINV000179281. Upon review of the attached invoice, if there are any questions or discrepancies, please contact Customer Care toll-free at 866-323-5465 or by e-mail at [customercare@schoolhealth.com](mailto:customercare@schoolhealth.com).

For your convenience, payment can be made using any major credit card. No additional fees apply to utilize this payment method. Please contact Customer Care using the toll-free number to utilize this payment option.

Sincerely,

School Health Corporation  
Accounts Receivable Department

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**1 attachment**

CINV000179281.pdf