

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1085770

Vendor Name: HF Acquisition Co LLC,DBA Healthfirst

Invoice Number: INV61181092

Invoice Date: 1/2/2025

PO Number: B0002226

Check Number: E0105072

Check Amount: \$ 162.85

Check Date: 01/14/2025

Voucher Number: V0864977

Document Type: AP Invoice

Document Below



Remit Payment To:
Dept CH 14330
Palatine, IL 60055-4330

Bill To Customer: 3029625

COLL OF DUPAGE-DENTAL HYGIENE
EDWARD ROGER CHAVEZ, DDS
425 FAWELL BLVD RM 1122
GLEN ELLYN, IL 60137
UNITED STATES

Amount Due \$ 162.85
Invoice: INV61181092
Ship Date: 1/2/2025
Page: 1 of 1

Ship To/Sold To Customer: 3029625

COLL OF DUPAGE-DENTAL HYGIENE
425 FAWELL BLVD RM 1122
GLEN ELLYN, IL 60137
UNITED STATES



IMPORTANT NOTICE: A credit cannot be issued for returned prescription drugs or kit orders. Per the FDA compliance policy guidance manual, we cannot warrant drug safety, identity, strength, quality or purity of medications that have left our facility. Therefore, cannot accept any returns. Thank you for your understanding. Please see terms and conditions under www.healthfirst.com/terms-conditions that are incorporated per reference. Customers may have reporting obligations under federal law for any discounts received on purchased items. Please see terms and conditions for more detail on such obligations.

| PO Number | Sales Person ID | Shipping Method | Payment Terms | Location | Kit No. |
|-----------|-----------------|-----------------|---------------|----------|---------|
| B0 002226 | REFILL | UPS GROUND | NET 30 | | 3030132 |

| Ordered | Shipped | B/O | Item Number | Description | Lot/Serial | Exp Date | Unit Price | Ext Price |
|---------|---------|-----|-------------|---|------------|------------|------------|-----------|
| 1 | 1 | 0 | 1005760 | AUTO-REPLENISHMENT SHIPMENT | | | 142.90 | 142.90 |
| 1 | 1 | 0 | 1000700 | VENTOLIN® HFA (ALBUTEROL SULFATE) 90mcg BOXED | UK5A | 05/31/2026 | | |
| 1 | 1 | 0 | 1005710 | DSCSA COMPLIANCE | | | | |
| 1 | 1 | 0 | 1006280 | ENVELOPE, RECOVERY UNUSED MEDICATIONS | N/A | 01/30/2025 | | |

REPLACEMENT FOR ITEMS EXPIRING IN YOUR EMERGENCY MEDICAL KIT

| | |
|-------------------|--------|
| Subtotal | 142.90 |
| Shipping | 19.95 |
| Sales Tax | 0.00 |
| DSCSA Fee | 0.00 |
| Total | 162.85 |
| Less Amount Rec'd | (0.00) |
| Total Amount Due | 162.85 |

State License: 019017516

DEA License: NCS

TEL: (800)-331-1984 FAX: 425.775.2374
FIN: 27-0535896 DEA: RH0498964
FL permit 23:2371 PHMF: FX.60650635
PHWH: FX.60650206

HF Acquisition Co, LLC
11629 49th PL W
Mukilteo, WA 98275

Email: CustomerService@healthfirst.com

To make payments or to access your ePedigree, visit:

<https://www.healthfirst.com/ontraq>

R20250102-1

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

Attached Image

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

Thu, Jan 9, 2025 at 02:01 PM UTC

CC:

BCC:

1 attachment

0720_001.pdf