

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1179478 **Vendor Name:** P&g Distributing Company DbA P&g Oral Health

**Check Details:**

**Check Number:** E0110482 **Check Amount:** \$ 276.27 **Check Date:** 11/11/2025

**Invoice Details:**

**Invoice Number:** 1115950069 **Invoice Date:** 10/29/2025 **PO Number:** B0002992 **Voucher Number:** V0913231

**Document Type:** AP Invoice

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**Document Below**



# INVOICE

Curly Conley 12/27/25  
1 of 2

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

Customer Account No.: 2003310849  
Ref Account No.: 1569792  
Invoice No.: 1115950069  
Invoice Date: 10/29/2025  
Order No.: 2065465780  
Ref Order No.: 2002344297  
Customer P.O. No.: **BO 002992**  
Due Date: 11/28/2025  
Terms: Net within 30 days - Cash in Bank

Bill To: 2003310849  
ATTN:COLLEGE OF D BILL TO  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
HSC RM 1122  
GLEN ELLYN IL 60137

Ship To: 2003012078  
ATTN:SHIPPING & RECEIVING  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
HSC ROOM 1122  
GLEN ELLYN IL 60137-6708

276.27

Material	Description	UPC (Item)	Quantity	Unit Type	Price (\$)	Amount (\$)
80691656	CR Compl Whitening Scope PST 0.85oz 1 Case of 72 Items	10030772043650	2	Case	\$ 18.96	\$ 37.92
80325776	CR PH Adv EnamelCare RNS 36ml 1 Case of 48 Items	10037000974878	4	Case	\$ 18.24	\$ 72.96
80721154	OB SUPER 50CT STRANDS MINT 30M 1 Case of 24 Items	20300410825700	1	Case	\$ 59.28	\$ 59.28
80779741	OB Glide Deep Clean 1 X4M/1728cs 1 Box of 72 Items	20030772137295	2	Box	\$ 20.88	\$ 41.76
84860307	OB SATIN FLOS 5.5 YD MNT CST 1 Case of 144 Items	10300416692507	1	Case	\$ 41.76	\$ 41.76
80717506	POH Fixodent Professional Gravity Bin 1 Case of 50 Items	30772075838	1	Case	\$ 22.59	\$ 22.59

-----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). Go to <https://www.crestoralbproshop.com> and click the "Pay an existing invoice" button.



Customer Account No.: 2003310849  
Invoice No.: 1115950069  
Due Date: 11/28/2025  
Total Amount (\$) \$ 276.27

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.



Conf Conf  
2 of 2  
10/27/25

Invoice No.: 1115950069

Sub Total (\$)	276.27
Freight (\$)	0.00
Sales Tax (\$)	0.00
Total Amount (\$)	276.27

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

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**Attached Image**

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

Mon, Oct 27, 2025 at 07:21 PM UTC

CC:

BCC:

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**1 attachment**

2378\_001.pdf