

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1179478

Vendor Name: P&G Oral Health

Invoice Number: 36858880 RI

Invoice Date: 12/20/17

PO Number: P0355455

Check Number: 0230122

Check Amount: \$ 237.52

Check Date: 01/17/2018

Department ID: 00153

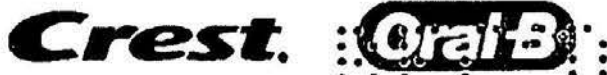
Reviewer Name:

Voucher Number: V0491017

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below



The Procter & Gamble Distributing LLC
d/b/a P&G Oral Health
24808 Network Place
Chicago, IL 60673-1248
Phone: 800-543-2577
Fax: 800-201-1840

INVOICE

Account # 1569792
Invoice # 36858880 RI
Invoice Date 12/20/17
Order # US12467670
P.O. Number 355455
Due Date 01/19/18
Terms Net 30

Page: 1

Bill To:

COLLEGE OF DUPAGE
425 FAWELL BLVD
ATTN: COLLEGE OF DUPAGE
GLEN ELLYN IL 60137-6708

Ship To:

COLLEGE OF DUPAGE
425 FAWELL BLVD
ATTN: CINDY FISK
ATTN: SHIPPING & RECEIVING
6309423257
GLEN ELLYN IL 60137-6708

3-WAY MATCH

Quantity Ordered	Quantity Shipped	Item Number	Description	Unit Price	Total
12	12	80300550	ProHealth ContGrip 30Usft 1bx of 12 brushes	2.25	27.00
12	12	80286456	Complete Deep Clean 35sft 1bx of 12 brushes	2.25	27.00
12	12	80286462	Indicator 35sft 1bx of 12 brushes	2.25	27.00
12	12	80270524	OB Kids Princesses 5-7yr 1bx of 6 brushes	1.13	13.56
5	5	80234099	OB Kids Avengers 5-7yr 1bx of 6 brushes	1.13	5.65
1	1	80234099	OB Kids Avengers 5-7yr 1bx of 6 brushes	1.13	1.13
6	6	80235999	OB Kids Graphics 8+yr 1bx of 6 brushes	1.13	6.78
3	3	80302474	Cr Compl WhiScope MFrsh .85oz 1cs of 72 tubes	.00	
2	2	80233969	Cr CavProtReg WiniM .85oz 1cs of 72 tubes	.00	

Please note our new Remittance Address

SEE BACK FOR OUR PRODUCT RETURN POLICY

***PLEASE RETURN THE BOTTOM PORTION OF THE INVOICE WITH YOUR PAYMENT.
YOU WILL NOT RECEIVE A STATEMENT. PLEASE USE THIS REMITTANCE SLIP.***

Continued



☐ Check here for address or phone number change.
Please indicate change(s) on the back of this form.

Mail To: P&G Distributing LLC
d/b/a P&G Oral Health
24808 Network Place
Chicago, IL 60673-1248

P&G Oral Health

Account # 1569792
Invoice # 36858880 RI
Due Date 01/19/18

Payment Amount

Please make check payable to P&G Distributing, LLC and
include account number on your check. There will be
a \$30 charge for any payment checks that are
returned as NSF.

If you would like to pay with credit card, please call 800.543.2577

Thank you for recommending Crest pastes and Oral-B electric and manual brushes.

Page: 1



INVOICE

The Procter & Gamble Distributing LLC
d/b/a **P&G** Oral Health
24808 Network Place
Chicago, IL 60673-1248
Phone: 800-543-2577
Fax: 800-201-1840

Account #	1569792
Invoice #	36858880 R1
Invoice Date	12/20/17
Order #	US12467670
P.O. Number	355455
Due Date	01/19/18
Terms	Net 30

Page: 2

Bill To:

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GLEN ELLYN IL 60137-6708

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COLLEGE OF DUPAGE
425 FAWELL BLVD
ATTN: CINDY FISK
ATTN: SHIPPING & RECEIVING
6309423257
GLEN ELLYN IL 60137-6708

Quantity Ordered	Quantity Shipped	Item Number	Description	Unit Price	Total
1	1	80233969	Cr CavProtReg WintM .85oz 1cs of 72 tubes	.00	
1	1	80276288	Cr Kids 8+ Frozen MBrz .85oz 1cs of 72 tubes	.00	
1	1	80276758	Cr Kids Sparkle BBgum .85oz 1cs of 72 tubes	.00	
1	1	84836592	OB Glide PH 4M DpCln CIMnt 1bx of 72 items	18.36	18.36
4	4	84836592	OB Glide PH 4M DpCln CIMnt 1bx of 72 items	18.36	73.44
1	1	84843426	OB Glide PH Threader (150ct) 1bx of 150 threaders	18.80	18.80
1	1	84843426	OB Glide PH Threader (150ct) 1bx of 150 threaders	18.80	18.80

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Sales Tax

Total Amount

237.52



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d/b/a **P&G** Oral Health
24808 Network Place
Chicago, IL 60673-1248

P&G Oral Health

Account # 1569792
Invoice # 36858880 R1
Due Date 01/19/18

Total Amount 237.52

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