

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1179478

Vendor Name: P&G Oral Health

Invoice Number: 36957344 RI

Invoice Date: 03/29/18

PO Number: P0356913

Check Number: 0234988

Check Amount: \$ 111.20

Check Date: 04/11/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0508072

Redaction Type: None

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

Document Below

Crest.**Oral-B****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

3 WAY MATCH

Account #	1569792
Invoice #	36957344 RI
Invoice Date	03/29/18
Order #	US12554881
P.O. Number	356913
Due Date	04/28/18
Terms	Net 30

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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
CINDY FISK - HSC RM 1122
ATTN: SHIPPING & RECEIVING
6309423257
GLEN ELLYN IL 60137-6708

Quantity Ordered	Quantity Shipped	Item Number	Description	Unit Price	Total
6	6	13243558	EndTufted Tapered Xsft Brush lcs of 24 brushes	4.50	27.00
2	2	84862518	Interdental CompTapered Brush lcs of 36 items	13.46	26.92
2	2	80295243	Cr AntiCavMoisturizing 500ml lcs of 4 bottles	10.40	20.80
2	2	80290869	CrProHlth Advanced XDpCln 36ml lcs of 48 bottles	18.24	36.48

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.*****

Sales Tax

Total Amount

111.20

Crest.**Oral-B**

Account #	1569792
Invoice #	36957344 RI
Due Date	04/28/18

Total Amount 111.20

☐ 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

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.

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Crest Oral-B

P&G Oral Health Returns Policy

Product Return Policy

- To ensure your satisfaction, products may be returned for full credit within 180 days of receipt.
- Credit will not be given for product returned past 180 days.
- Expired product cannot be returned for credit.
- Procter & Gamble will not accept any returns of Crest 3D White Whitestrips Professional Supreme with AdvancedSEAL, Crest Whitestrips Supreme Professional, Fixodent, Fluorides or Mouthwashes, with the exception of product shipped in error or damaged product.
- Imprinted toothbrushes cannot be returned for credit.

Product Return Process

- A Customer Service Representative must authorize all returns. To request Return Authorization, please call 1-800-543-2577. We will issue a Return Authorization Letter for product being returned. Customers must provide order number, product description, quantities and reason for return. Credit will not be applied to any unauthorized return.
- Customers will be responsible for return shipment costs.
- Returns, accompanied by the Return Authorization Letter, must be shipped to:

Crest Oral-B - Procter and Gamble
Attn: Return Dept
1832 Lower Muscatine Road
Iowa City, IA 52240

Damaged Product Returns

Returns of damaged merchandise or product shipped in error must be accompanied by a Return Authorization Letter. Shipping costs associated with these returns will be covered by P&G Oral Health.

Recalls

In the event of a product recall, P&G Oral Health will notify all customers with regard to the procedures for returning recalled product.

Terms and Conditions

P&G Oral Health reserves the right to change product prices, terms and policies related to product sales at any time without notice.

----- Please tear off and return with your payment -----

Name and Address Change Form

Name

Street Address

City/State/Zip

Daytime Phone (include area code)

Evening Phone (include area code)

E-Mail Address