

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087485
Vendor Name: Medline Industries, Inc.
Invoice Number: 1852368534
Invoice Date: 06/12/18
PO Number: P0358222
Check Number: 0237233
Check Amount: \$ 285.91
Check Date: 07/11/2018
Department ID: 00141
Reviewer Name: Janelle Walker
Voucher Number: V0516559
Redaction Type: None
Document Type: AP Invoice

Document Below

From: CustomerInvoices@medline.com
Sent: Wed Jun 13 06:14:39 CDT 2018
To: invoicing@cod.edu
CC:
Subject: Medline Invoices 1070839

Attached are Medline invoice/s.



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
358222	06/12/2018	1852368534

Sold To:

COLLEGE OF DU PAGE
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6599

Ship To:

APPROVED
COLLEGE OF DU PAGE
425 FAWELL BLVD

GLEN ELLYN, IL 60137-6599

06/19/18 - MUHAMMAD CHAUDHRY

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE
3536		472407430		VENDOR		CUSTOMER	1070839	USD	\$291.42
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT	

10	1.00	EA	1.00	PVCM1223RBM	TE		198.99	198.99
/CHAIR,SHOWER,ROYAL BLUE,MESH								

GROSS	TAX AMOUNT	FREIGHT	TOTAL
198.99	0.00	92.43	\$291.42

Eligible Gross Amount \$198.99

Discount amount \$1.99 if recd. by 06/22/18

** Special Ship-To

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION.(PH: 800-307-8386)

INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE

MEDLINE INDUSTRIES, INC. INCLUDES MEDLINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDLINE INDUSTRIES HOLDINGS, LP, A DELAWARE PARTNERSHIP, AND MEDCAL SALES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS APPLICABLE

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Dotti Parker x7704213

R E M I T T A N C E**Bill To:**

COLLEGE OF DU PAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

Customer #	1070839
Invoice #	1852368534
Invoice Date	06/12/2018
Sales Rep #	3536
Payment Terms	1% 10, Net 45
Amount Due	\$291.42

Remit To:

Medline Industries, Inc.
Dept CH 14400
Palatine IL 60055-4400

INVOICE REVIEWED**OKAY TO PAY**

Detach and return this portion with your payment

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087485
Vendor Name: Medline Industries, Inc.
Invoice Number: 1853206582
Invoice Date: 06/26/18
PO Number: P0358690
Check Number: 0237233
Check Amount: \$ 285.91
Check Date: 07/11/2018
Department ID: 00225
Reviewer Name: Janelle Walker
Voucher Number: V0517744
Redaction Type: None
Document Type: AP Invoice

Document Below

From: CustomerInvoices@medline.com
Sent: Tue Jun 26 03:57:03 CDT 2018
To: invoicing@cod.edu
CC:
Subject: Medline Invoices 1070839

Attached are Medline invoice/s.



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
358690	06/26/2018	1853206582

Sold To:COLLEGE OF DU PAGE
425 FAWELL BLVD**Ship To:**COLLEGE OF DU PAGE
425 FAWELL BLVD

APPROVED
06/28/18 - MUHAMMAD CHAUDHRY

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE		
3536		473074058		FEDEX GROUND		CUSTOMER		1070839		USD		\$70.89		
LINE NO.	ORDER QTY		U/M	INVOICE QTY		ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT	

10	1.00	CS	1.00	STRLMDRIPTRAY	TE	934288700	60.94	60.94
/TRAY, DRIP, DISPENSER, PUSH, STERILLIUM								

GROSS	TAX AMOUNT	FREIGHT	TOTAL
60.94	0.00	9.95	\$70.89

Eligible Gross Amount \$60.94

Discount amount \$0.61 if recd. by 07/06/18

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

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INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH ON PAST DUE BALANCE

MEDLINE INDUSTRIES, INC. INCLUDES MEDLINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDLINE INDUSTRIES HOLDINGS, LP, A DELAWARE PARTNERSHIP, AND MEDCAL SALES, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS APPLICABLE

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Dotti Parker x7704213

REMITTANCE**Bill To:**COLLEGE OF DU PAGE
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

Customer #	1070839
Invoice #	1853206582
Invoice Date	06/26/2018
Sales Rep #	3536
Payment Terms	1% 10, Net 45
Amount Due	\$70.89

Remit To:Medline Industries, Inc.
Dept CH 14400
Palatine IL 60055-4400**INVOICE REVIEWED****OKAY TO PAY**

AMOUNT PAID \$ _____

Detach and attach this portion with your payment

JANELLE WALKER 06/28/18

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