

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1478804

Vendor Name: Sharn Anesthesia

Invoice Number: IN00395355

Invoice Date: 08/02/18

PO Number: P0359513

Check Number: 0238145

Check Amount: \$ 276.59

Check Date: 08/15/2018

Department ID: 00258

Reviewer Name:

Voucher Number: V0522603

Redaction Type: None

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

Document Below

**Please Remit Payment To:**

Sharn Inc  
Dept 2459  
PO Box 11407  
Birmingham, AL 35246-2459  
Phone: (800) 325-3671  
Fax: (813) 886-2701  
www.Sharn.com

**Invoice Due Date: 9/1/2018****INVOICE**

Invoice No.	IN00395355
Date	08/02/2018
Order No.	OR00396402
Shipper ID	SH00399094
Order Type	SAI Order
Customer ID	1060137

**BILL TO:**

Accounts Payable  
College of DuPage  
425 Fawell Blvd  
GLEN ELLYN, IL 60137

**SHIP TO:**

College of DuPage

425 Fawell Blvd  
Glen Ellyn, IL 60137-6708

**3 WAY MATCH**

Page 1 of 1

ORDER DATE		P.O. CONTACT		CUSTOMER P.O. NO.		CUSTOMER CARE REP	
08/02/2018				359513		Trenichia Davis	
PAYMENT TERMS		SHIPPING TERMS		SHIP VIA		CUSTOMER SHIPPING ACCT.	
Net 30 Days		FOB DESTINATION		Fedex Ground Service			
SKU		QTY ORDERED	UOM	QTY SHIPPED		UNIT NET PRICE	EXT. NET PRICE
BC-B6C112C0A5		1.0000	PK	1.0000		164.0000	164.00

ADULT CIRCUIT 60", GSE W/CAP B/V FILTER, 3L BAG 20/PK

Notes: In order to insure the safety of both customers and patients by avoiding inadvertent contamination, any registered medical device cannot be returned if it has been opened.

BBD-3523	1.0000	PK	1.0000	75.0000	75.00
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BREATHING BAG - 3LITER LPF 30/CS

Notes: In order to insure the safety of both customers and patients by avoiding inadvertent contamination, any registered medical device cannot be returned if it has been opened.

**Tracking Number(s):**

415213761662, 415213761673

This invoice may reflect a discount or other reduction in price. Pursuant to the Federal anti-kickback statute's discount safe harbor at 42 C.F.R. § 1001.952(h), Buyer may have an obligation to report this discount, and must provide information upon request by the Federal or State agencies. Our complete Terms of Sale can be referenced at: <http://www.sharn.com/conditions/a/terms-of-sale>. All payments due in USD currency. Thank You

Sales Total	239.00
Trade Discount	0.00
Shipping & Handling	37.59
Misc. Charges	0.00
Tax Total	0.00
	<hr/>
	276.59
Less Amount Paid	0.00
<b>TOTAL DUE</b>	<b>276.59 USD</b>

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From: ar@sharn.com  
Sent: Thu Aug 02 22:02:45 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: Invoice IN00395355 from Sharn Inc (Order: OR00396402)  
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Customer: College of DuPage  
Acct. No.: 1060137

Thank you for your recent purchase from Sharn Inc. Please see attached for your invoice. If you have any questions, please contact Accounts Receivable at 1-800-325-3671. Thank you!

**Accounts Receivable:** Monday - Friday, 8am-8pm EST  
**Phone:** 1-800-325-3671  
**Fax:** 1-813-886-2701  
**Email:** ar@sharn.com  
www.Sharn.com

**PLEASE NOTE OUR NEW REMIT TO ADDRESS:**  
Sharn Anesthesia, Inc.  
Dept. 2459  
PO Box 11407  
Birmingham, AL 35246-2459

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