

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087485

Vendor Name: Medline Industries, Inc.

Invoice Number: 1859417770

Invoice Date: 09/22/18

PO Number: P0360083

Check Number: 0241671

Check Amount: \$ 1,019.51

Check Date: 10/17/2018

Department ID: 00225

Reviewer Name:

Voucher Number: V0528924

Redaction Type: None

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

Document Below

From: CustomerInvoices@medline.com
Sent: Sat Sep 22 02:48:48 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 #
360083	09/22/2018	1859417770

Sold To:

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

Ship To:

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

3 WAY MATCH

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3536		476308152		FEDEX GROUND		MEDLINE		1070839		USD		\$302.00	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #	UNIT PRICE		AMOUNT			

10	1.00	BX	1.00	B-D305761Z /NEEDLE,25GX1",ECLIPSE,USE WITH LUER-LOK	TE	940575185	29.56	29.56
20	1.00	BX	1.00	B-D305767Z /NEEDLE,25GX1.5",ECLIPSE,USE LUER-LOK	TE	940575185	29.56	29.56
30	1.00	CS	1.00	DYND10300 /TRAY,CATHETER,URETHRAL,VINYL,14FR	TE	940575185	52.94	52.94
HCPCS Code #: A4353								
40	1.00	CS	1.00	DYND11855 /TRAY,FOLEY,SILI-ELAST,14FR,10ML,W/BAG	TE	940575185	78.25	78.25
HCPCS Code #: A4314								
50	1.00	PK	1.00	MDS131040 /PENLIGHT, DISPOSABLE	TE	940575185	10.12	10.12
60	1.00	BX	1.00	SWD305117Z /FILTER,NEEDLE,18G X 1-1/2",5UM	TE	940575185	35.20	35.20
HCPCS Code #: A9999								
70	1.00	BX	1.00	B-D303367Z /CANNULA,VIAL ACCESS,NEEDLELESS,BLUE	TE	940575185	42.67	42.67

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

REMITTANCE

Bill To:

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

Customer # 1070839
Invoice # 1859417770
Invoice Date 09/22/2018
Sales Rep # 3536
Payment Terms 1% 10, Net 45
Amount Due \$302.00

Remit To:

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

AMOUNT PAID \$_____

Detach and return this portion with your payment



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
360083	09/22/2018	1859417770

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

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
80	10.00	EA	10.00	MDS148055H /PACK,COLD,DELUXE,OB-PAD,4.5"X14.25"	TE	940575185	2.37	23.70

GROSS	TAX AMOUNT	FREIGHT	TOTAL
302.00	0.00	0.00	\$302.00

Eligible Gross Amount \$302.00

Discount amount \$3.02 if recd. by 10/02/18

** Special Ship-To

* Code

TE - Tax Exempt

C - Customer Freight

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087485
Vendor Name: Medline Industries, Inc.
Invoice Number: 1860120415
Invoice Date: 10/03/18
PO Number: P0360557
Check Number: 0241671
Check Amount: \$ 1,019.51
Check Date: 10/17/2018
Department ID: 00225
Reviewer Name:
Voucher Number: V0529868
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: CustomerInvoices@medline.com
Sent: Wed Oct 03 04:53:05 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 #
360557	10/03/2018	1860120415

Sold To:

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

Ship To:

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

3 WAY MATCH

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3536		476650342		FEDEX GROUND		MEDLINE		1070839		USD		\$464.62	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT		

10	1.00	CS	1.00	MDS194087	TE	941287133	144.04	144.04
				/GLOVE,EXAM,NITRILE,ALOE,STRL,12",PAIR,L				
20	1.00	CS	1.00	MDS090735	TE	941287133	32.50	32.50
				/PAD, PREP, ALCOHOL, STRL, MEDIUM, 2-PLY				
HCPCS Code #: A4245								
30	2.00	CS	2.00	MDS194086	TE	941287133	144.04	288.08
				/GLOVE,EXAM,NITRILE,ALOE,STRL,12",PAIR,M				

GROSS	TAX AMOUNT	FREIGHT	TOTAL
464.62	0.00	0.00	\$464.62

Eligible Gross Amount \$464.62

Discount amount \$4.65 if recd. by 10/13/18

* 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.

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

REMITTANCE

Bill To:

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

Customer # 1070839
Invoice # 1860120415
Invoice Date 10/03/2018
Sales Rep # 3536
Payment Terms 1% 10, Net 45
Amount Due \$464.62

Remit To:

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

AMOUNT PAID \$ _____

Detach and return this portion with your payment

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087485
Vendor Name: Medline Industries, Inc.
Invoice Number: 1860120414
Invoice Date: 10/03/18
PO Number: P0360306
Check Number: 0241671
Check Amount: \$ 1,019.51
Check Date: 10/17/2018
Department ID: 00141
Reviewer Name: Janelle Walker
Voucher Number: V0529869
Redaction Type: None
Document Type: AP Invoice

Document Below

From: CustomerInvoices@medline.com
Sent: Wed Oct 03 04:53:05 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 #
360306	10/03/2018	1860120414

Sold To:

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

Ship To:

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

APPROVED**10/04/18 - MARIANNE HUNNICUTT**

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3536		476568406		FEDEX GROUND		MEDLINE		1070839		USD		\$246.53	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT		

10	1.00	CS	1.00	MDS139008 /PACK,HOT,INSTANT,MED ,6X6"	TE	941085968	10.81	10.81
20	1.00	CS	1.00	MDS137000 /PACK,COLD,INSTANT,STANDARD,5.75"X9"	TE	941085968	13.30	13.30
40	1.00	CS	1.00	CRI4000 /GOWN,COVER,SPNBND,SIDE-NCK TIE,YEL,REG/L	TE	941085968	23.73	23.73
50	1.00	EA	1.00	MDT8201 /ALARM, MONITOR, ECONOMY	TE	941085968	28.00	28.00
60	1.00	CS	1.00	MDT821180B6 /180 DAY BED SENSOR PAD FOR MDT8201	TE	941085968	170.69	170.69

GROSS	TAX AMOUNT	FREIGHT	TOTAL
246.53	0.00	0.00	\$246.53

Eligible Gross Amount \$246.53**Discount amount \$2.47 if recd. by 10/13/18****** 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 MEDICAL 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 # 1860120414
Invoice Date 10/03/2018
Sales Rep # 3536
Payment Terms 1% 10, Net 45
Amount Due \$246.53

Remit To:

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

INVOICE REVIEWED

Detach and return this portion with your payment

OKAY TO PAY

Page 1 / 1

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087485

Vendor Name: Medline Industries, Inc.

Invoice Number: 1860844406

Invoice Date: 10/12/18

PO Number: P0360306

Check Number: 0241671

Check Amount: \$ 1,019.51

Check Date: 10/17/2018

Department ID: 00141

Reviewer Name:

Voucher Number: V0534230

Redaction Type: None

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

Document Below

From: CustomerInvoices@medline.com
Sent: Fri Oct 12 04:21:41 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 #
360306	10/12/2018	1860844406

Sold To:

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

Ship To:

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

3 WAY MATCH

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3536		476568406		FEDEX GROUND		MEDLINE		1070839		USD		\$6.36	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT		

30	4.00	EA	4.00	NON4400H	TE	941920281	1.59	6.36
/BAG,ICE,CLAMP-CLOSE,5"X12"								

GROSS	TAX AMOUNT	FREIGHT	TOTAL
6.36	0.00	0.00	\$6.36

Eligible Gross Amount \$6.36

Discount amount \$0.06 if recd. by 10/22/18

** 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

REMITTANCE

Bill To:

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

Customer #	1070839
Invoice #	1860844406
Invoice Date	10/12/2018
Sales Rep #	3536
Payment Terms	1% 10, Net 45
Amount Due	\$6.36

Remit To:

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

AMOUNT PAID \$ _____

Detach and return this portion with your payment