

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1089219

Vendor Name: Sunstar Butler

Invoice Number: 451894

Invoice Date: 09/27/18

PO Number: P0360417

Check Number: E0069554

Check Amount: \$ 210.60

Check Date: 10/03/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0529786

Redaction Type: None

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

Document Below

SUNSTAR AMERICAS, INC.301 E. Central Road, Schaumburg, IL 60195
(773) 777-4000

Order Department & Customer Service: (800) 528-8537

DUNS 02-506-6358

INVOICE

SUNSTAR

Purchase Order Number	Customer Acct. No	Sales#	Terms	Phone	Ship Via	Order No.
360417	59709	127	NET 30 DAYS		U11	524959

Sold ToCollege Of Dupage
Comm College Dist 502
425 Fawell Blvd
GLEN ELLYN IL 60137**Ship To**COLLEGE OF DUPAGE
SHIPPING & RECEIVING
425 FAWELL (FORMERLY 22ND)
HOURS: 7:30-4:00PM
GLEN ELLYN IL 60137**3 WAY MATCH**

QUANTITY			ITEM	UM	DESCRIPTION	UNIT PRICE	AMOUNT
ORDERED	SHIPPED	BACK ORD					
6	6		600PYC	DZ	STIMULATOR;MTL HNDL;W/TIP;BIL Step: 1 BRUSH	5.90	35.40
12	12		201RYB	DZ	DENTURE BRUSH;FR/ENG;US/CAN Step: 2 FLOSS	4.00	48.00
6	6		845PA	DZ	FLOSSMATE HANDLE;ENG Step: 3 CUSTOM CARE	5.60	33.60
12	12		308PD	DZ	ENDTUFT TB;BLISTER	3.00	36.00
12	12		760PA	BX	TONGUE CLEANER;PROF;6/BOX;BIL Order by email per Jordan Towne JB 9-26-18 Purchase Order# 360417	4.80	57.60

PLEASE PAY FROM THIS INVOICE

1 1/2% SERVICE CHARGE
ADDED AFTER 30 DAYS
18% ANNUALLY

Sales Tax	.00
Total Invoice	210.60
Paid in Advance	.00
Amount Due	210.60

PLEASE SHOW INVOICE AND CUSTOMER NUMBER WHEN REMITTING OR CORRESPONDING

NO CREDIT WILL BE ISSUED FOR UNAUTHORIZED RETURNS. FOR FULL RETURN POLICY SEE WWW.SUNSTARAMERICAS.COM

DETACH AND RETURN THIS PART WITH PAYMENT

The invoice may reflect a discount, rebate or other price reduction. Discounts may be involved in bundled product arrangements. Buyer is obligated to fully and accurately disclose and appropriately reflect the amount of the discount, rebate or other price reduction in any required cost or charge report to the Medicare or Medicaid programs and to provide appropriate documentation of the price reduction and net cost of the product to the Secretary of the Department of Health and Human Services on request. Seller will provide periodic information to the Buyer reflecting discounts, and other price reductions provided. Buyer may request additional information from the Seller in order to meet Buyer's reporting and disclosure obligations.

If you would like to receive your invoice/statement via e-mail or by fax, please provide the information below.

Fax Number OR Email

**REMITTANCE ADVICE****Make Check Payable and Mail To:**SUNSTAR AMERICAS INC
13885 Collections Center Drive
Chicago, IL 60693**To make a payment by credit card please
call 1-800-528-8537 and choose option 1
for Customer Relations.**

Terr	Cust. Number	Customer Name	Invoice No	Invoice Date	Amount Due
127	59709	College Of Dupage	451894	9/27/18	210.60

Original Invoice