

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1089219

Vendor Name: Sunstar Butler

Invoice Number: 453344

Invoice Date: 10/04/18

PO Number: P0360562

Check Number: E0069691

Check Amount: \$ 307.20

Check Date: 10/10/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0533845

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 &amp; Customer Service: (800) 528-8537

DUNS 02-506-6358

# INVOICE

**SUNSTAR**

Purchase Order Number <b>360562</b>	Customer Acct. No <b>59709</b>	Sales# <b>127</b>	Terms <b>NET 30 DAYS</b>	Phone	Ship Via <b>U11</b>	Order No. <b>527189</b>
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Invoice No. <b>453344</b>	Invoice Date <b>10/04/18</b>	Page <b>1</b>
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**Sold To**

College 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					
4	4		632DA	BX	SOFT PICK;ENV;US PRO;CPN;72/BX	20.00	80.00
2	2		634PA	BX	SFTPCK;WIDE;ENV;PRO;5-CT;72/BX	20.00	40.00
24	24		760PA	BX	TONGUE CLEANER;PROF;6/BOX;BIL	4.80	115.20
2	2		650PA	BX	SFTPCK;ADV;CLRFLM;110BX;US;PRO	20.00	40.00
2	2		660P	BX	SFTPCK;COMFLX;CLRFLM;110CT;PRO	16.00	32.00
Order by email per Jordan Towne JB 10-3-18 Purchase Order# 360562							

PLEASE PAY FROM THIS INVOICE

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

Sales Tax	.00
Total Invoice	307.20
Paid in Advance	.00
Amount Due	307.20

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.

Err <b>127</b>	Cust. Number <b>59709</b>	Customer Name <b>College Of Dupage</b>	Invoice No <b>453344</b>	Invoice Date <b>10/04/18</b>	Amount Due <b>307.20</b>
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**Original Invoice**