

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1089219

Vendor Name: Sunstar Butler

Invoice Number: 463701

Invoice Date: 11/02/18

PO Number: P0361058

Check Number: E0070353

Check Amount: \$ 199.30

Check Date: 11/14/2018

Department ID: 00153

Reviewer Name:

Voucher Number: V0542049

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 361058	Customer Acct. No 59709	Sales# 127	Terms NET 30 DAYS	Phone	Ship Via U11	Invoice No. 463701	Invoice Date 11/02/18	Page 1	Order No. 536939
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Sold ToCollege Of Dupage
Comm College Dist 502
425 Fawell Blvd
GLEN ELLYN IL 60137**Ship To**COLLEGE OF DUPAGE
SHIPPING & RECEIVING
415 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		527PG	DZ	Step: 1 BRUSH GUM;DEEP CLEAN;CMP;SENS;PROF	5.95	35.70
12	12		505P	DZ	SUMMIT PLUS SOFT COMPACT	5.95	71.40
1	1		2010A	BX	FLOSS;4YD;EEZ-THRU;144/BX	28.10	28.10
1	1		2014A	BX	EEZ-THRU FLOSS;MINT;4YD;144ct	28.10	28.10
2	2		3014PA	BX	Step: 3 CUSTOM CARE IDB;L-TYPE;TAP;36BX;W-CASE;CND	13.20	26.40
2	2		414PA	BX	IDB REF;36/BX;1.1mm;TAP;CND	4.80	9.60
Order by email per purchasing sg 11/1/18 Purchase Order# 361058							

PLEASE PAY FROM THIS INVOICE

1 1/2% SERVICE CHARGE
ADDED AFTER 30 DAYS
18% ANNUALLY**Sales Tax****.00****Total Invoice****199.30****Paid in Advance****.00****Amount Due****199.30**

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 60693To make a payment by credit card please
call 1-800-528-8537 and choose option 1
for Customer Relations.

Terr 127	Cust. Number 59709	Customer Name College Of Dupage	Invoice No 463701	Invoice Date 11/02/18	Amount Due 199.30
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Original Invoice