

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087485
Vendor Name: Medline Industries, Inc.
Invoice Number: 1903561137
Invoice Date: 03/05/20
PO Number: P0369052
Check Number: 0266674
Check Amount: \$ 834.05
Check Date: 04/14/2020
Department ID: 00225
Reviewer Name: Adrianna Costello
Voucher Number: V0606964
Redaction Type: None
Document Type: AP Invoice

Document Below

From: CustomerInvoices@medline.com
Sent: Thu Mar 05 05:21:15 CST 2020
To: invoicing@cod.edu
CC:
Subject: Medline Invoices 1070839

Attached are Medline invoice/s.



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
369052	03/05/2020	1903561137

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

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE		
3531		500641891		MTRN PARCEL		MEDLINE		1070839		USD		\$456.19		
LINE NO.	ORDER QTY		U/M	INVOICE QTY		ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT	

10	1.00	CS	1.00	MDS194086	TE	984611902	158.14	158.14
				/GLOVE,EXAM,NITRILE,A,LOE,STRL,12",PAIR,M				
20	1.00	CS	1.00	MDS193075	TE	984611902	52.06	52.06
				/GLOVE,EXAM,VINYL,ULTRA,PF,LF,MD				
HCPCS Code #: A4927								
30	1.00	CS	1.00	MDS193076	TE	984611902	53.62	53.62
				/GLOVE,EXAM,VINYL,ULTRA,PF,LF,LG				
HCPCS Code #: A4927								
40	1.00	CS	1.00	DYND74083	TE	984611902	67.80	67.80
				/KIT,IV START				
HCPCS Code #: A4221								
50	1.00	CS	1.00	DYND11003	TE	984611902	67.57	67.57
				/TRAY,FOLEY,CATH,SIL-ELAST,16FR,10ML,BG				
HCPCS Code #: A4314								
60	2.00	BX	2.00	ZPP301	TE	984611902	21.80	43.60
				/HOLDER,TUBE,TRACHEOSTOMY,ADULT,NON-ADJ				
HCPCS Code #: A7526								

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: Kelly Schiel x7704778

REMITTANCE

Bill To:

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

Customer #

1070839

Invoice #

1903561137

Invoice Date

03/05/2020

Sales Rep #

3531

Payment Terms

1% 10, Net 45

Amount Due

\$456.19

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 #
369052	03/05/2020	1903561137

APPROVED
03/10/20 - DILYSS GALLYOT

Ship To:
COLLEGE OF DU PAGE**
425 FAWEEL BLVD
GLENVIEW, IL 60137-6599

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
70	1.00	EA	1.00	CPRM1116H /RESUSCITATOR,MANUAL,ADLT,MASK,BAG RES	TE	984611902	13.40	13.40

GROSS
456.19

TAX AMOUNT
0.00

FREIGHT
0.00

TOTAL
\$456.19

Eligible Gross Amount \$456.19

Discount amount \$4.56 if recd. by 03/15/20

** Special Ship-To

* Code

TE - Tax Exempt

C - Customer Freight

INVOICE REVIEWED
OKAY TO PAY
ADRIANNA COSTELLO 03/10/20

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087485
Vendor Name: Medline Industries, Inc.
Invoice Number: 1904272107
Invoice Date: 03/12/20
PO Number: P0368992
Check Number: 0266674
Check Amount: \$ 834.05
Check Date: 04/14/2020
Department ID: 00225
Reviewer Name:
Voucher Number: V0607776
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: CustomerInvoices@medline.com
Sent: Thu Mar 12 05:46:30 CDT 2020
To: invoicing@cod.edu
CC:
Subject: Medline Invoices 1070839

Attached are Medline invoice/s.



www.medline.com

INVOICE**3 WAY MATCH**

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

Customer PO #	Invoice Date	Invoice #
368992	03/12/2020	1904272107

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3531		501131917		FEDEX GROUND		MEDLINE		1070839		USD		\$278.36	
LINE NO.	ORDER QTY		U/M	INVOICE QTY		ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT

10	1.00	CS	1.00	MDS194087	TE	985408191	158.14	158.14
				/GLOVE,EXAM,NITRILE,ALOE,STRL,12",PAIR,L				
20	1.00	CS	1.00	BXTMWCSPP	TE	985408191	82.21	82.21
				/TOWELETTE,CASTILE,SOAP				
30	3.00	BX	3.00	MPH1550Z	TE	985408191	12.67	38.01
				/STRIP,EVENCARE G2,600 EA/CS,50 EA/BX				

HCPCS Code #: A4253

GROSS	TAX AMOUNT	FREIGHT	TOTAL
278.36	0.00	0.00	\$278.36

Eligible Gross Amount \$278.36

Discount amount \$2.78 if recd. by 03/22/20

* Code

TE - Tax Exempt

C - Customer Freight

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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: Kelly Schiel x7704778

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 # 1904272107
Invoice Date 03/12/2020
Sales Rep # 3531
Payment Terms 1% 10, Net 45
Amount Due \$278.36

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: 1905579199
Invoice Date: 03/24/20
PO Number: P0369376
Check Number: 0266674
Check Amount: \$ 834.05
Check Date: 04/14/2020
Department ID: 00225
Reviewer Name: Adrianna Costello
Voucher Number: V0611888
Redaction Type: None
Document Type: AP Invoice

Document Below

From: CustomerInvoices@medline.com
Sent: Tue Mar 24 03:50:34 CDT 2020
To: invoicing@cod.edu
CC:
Subject: Medline Invoices 1070839

Attached are Medline invoice/s.



www.medline.com

INVOICE

Customer PO #	Invoice Date	Invoice #
369376	03/24/2020	1905579199

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**03/24/20 - DILYSS GALLYOT**

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3531		502011787		FEDEX GROUND		MEDLINE		1070839		USD		\$99.50	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #	UNIT PRICE		AMOUNT			

20 2.00 PR 2.00 SWD9529BZ TE,C 986867361 49.75 99.50
/SLEEVE,EXPRESS,SCD,KNEE,MEDIUM

HCPCS Code #: E0673 OR A9900

GROSS	TAX AMOUNT	FREIGHT	TOTAL
99.50	0.00	0.00	\$99.50

Eligible Gross Amount \$99.50

Discount amount \$1.00 if recd. by 04/03/20

** Special Ship-To

* Code

TE - Tax Exempt

C - Customer Freight

INVOICE REVIEWED

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EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. 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

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ADRIANNA COSTELLO 03/24/20

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Kelly Schier x7704778

REMITTANCE**Bill To:**

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

Customer # 1070839
Invoice # 1905579199
Invoice Date 03/24/2020
Sales Rep # 3531
Payment Terms 1% 10, Net 45
Amount Due \$99.50

Remit To:

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

AMOUNT PAID \$ _____

Detach and return this portion with your payment