

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087485  
Vendor Name: Medline Industries, Inc.  
Invoice Number: 1913523218  
Invoice Date: 06/09/20  
PO Number: P0369556  
Check Number: 0272509  
Check Amount: \$ 1,921.13  
Check Date: 09/15/2020  
Department ID: 00141  
Reviewer Name: Adrianna Costello  
Voucher Number: V0637040  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: cruseb199@cod.edu  
Sent: Wed Jun 24 11:10:35 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Scanned from a Xerox Multifunction Device  
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Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device.  
Attachment File Type: pdf, Multi-Page Multifunction Printer Location: SRC-3 Device Name: Printer-266

[attachment: Scanned from a Xerox Multifunction Printer.pdf]



www.medline.com

ORIGINAL

## CREDIT MEMO

CUSTOMER PO # 369556/1911202010	CREDIT DATE 06/09/2020	CREDIT # 1913523218
------------------------------------	---------------------------	------------------------

## 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

Page 1 of 1

**APPROVED**  
**07/21/20 - DILYSS GALLYOT**

SALES REP# 3531	SALES ORDER # 69110439	CARRIER MEDTRANS	FREIGHT TERMS MEDLINE	CUSTOMER # 1070839	CURRENCY USD	AMOUNT \$(160.17)
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Line No.	Order Qty	U/M	Invoice Qty	Item No / Description	Code*	Delivery #	Unit Price	Amount
10	1.00	CS	1.00	RP88020 /MASK, RESPIRATOR, PROGEAR, REG	TE	95719335	(160.17)	(160.17)

**INVOICE REVIEWED**  
**OKAY TO PAY**  
**ADRIANNA COSTELLO 07/21/20**

GROSS (160.17)	TAX AMOUNT 0.00	FREIGHT 0.00	TOTAL (160.17)
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\*\* Special Ship-To

\* Code  
TE Tax Exempt  
C Customer Freight

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

000126P



www.medline.com

## CREDIT MEMO

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

Customer # 1070839  
Credit # 1913523218  
Credit Date 06/09/2020  
Sales Rep # 3531  
Payment Terms 1% 10, Net 45  
Amount \$(160.17)

BILL TO: 000126

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

NO REMITTANCE REQUIRED

000107083919135232180609202000000160170000160170000160170000160175

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087485  
Vendor Name: Medline Industries, Inc.  
Invoice Number: 1919848199  
Invoice Date: 08/07/20  
PO Number: P0370611  
Check Number: 0272509  
Check Amount: \$ 1,921.13  
Check Date: 09/15/2020  
Department ID: 00225  
Reviewer Name: Adrianna Costello  
Voucher Number: V0639723  
Redaction Type: None  
Document Type: AP Invoice

Document Below

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From: CustomerInvoices@medline.com  
Sent: Fri Aug 07 04:33:12 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 #
370611	08/07/2020	1919848199

**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****08/18/20 - DILYSS GALLIOT**

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3531		510013298		FEDEX GROUND		MEDLINE		1070839		USD		\$23.70	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #	UNIT PRICE		AMOUNT			

20 10.00 EA 10.00 DYND72016H TE,C 8009614820 2.37 23.70  
/TUBE, GASTRIC SUMP, 16FR, 48", EA

HCPCS Code #: B4082

GROSS	TAX AMOUNT	FREIGHT	TOTAL
23.70	0.00	0.00	\$23.70

Eligible Gross Amount \$23.70

Discount amount \$0.24 if recd. by 08/17/20

\*\* Special Ship-To

\* Code

TE - Tax Exempt

C - Customer Freight

**INVOICE REVIEWED****OKAY TO PAY****ADRIANNA COSTELLO 08/17/20****REMITTANCE****Bill To:**

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

**Customer #**

1070839

**Invoice #**

1919848199

**Invoice Date**

08/07/2020

**Sales Rep #**

3531

**Payment Terms**

1% 10, Net 45

**Amount Due**

\$23.70

**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: 1919848198  
Invoice Date: 08/07/20  
PO Number: P0370568  
Check Number: 0272509  
Check Amount: \$ 1,921.13  
Check Date: 09/15/2020  
Department ID: 00225  
Reviewer Name: Adrianna Costello  
Voucher Number: V0639724  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: CustomerInvoices@medline.com  
Sent: Fri Aug 07 04:33:12 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 #
370568	08/07/2020	1919848198

**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****08/18/20 - DILYSS GALLYOT**

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3531		509934219		MTRN PARCEL		CUSTOMER		1070839		USD		\$275.05	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT		

10	5.00	EA	5.00	DDXTH5001H	TE	8009463447	55.01	275.05
/THERMOMETER, FOREHEAD, NON CONTACT								

<b>GROSS</b>	<b>TAX AMOUNT</b>	<b>FREIGHT</b>	<b>TOTAL</b>
275.05	0.00	0.00	\$275.05

Eligible Gross Amount \$275.05

Discount amount \$2.75 if recd. by 08/17/20

\*\* 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 FIVE BUSINESS DAYS OF THE INVOICE DATE. IF THEY ARE DELAYED, ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 10 DAYS OF INVOICE DATE. IF THEY ARE DELAYED, THEY WILL BE 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, CONTROLLED, SUBSIDIARIES, MEDLINE INDUSTRIES HOLDINGS, LP, A DELAWARE PARTNERSHIP, AND MEDICAL SALES, LLC, A DELAWARE LIMITED LIABILITY COMPANY, AS APPLICABLE.

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

**ADRIANNA COSTELLO 08/17/20****Bill To:**

COLLEGE OF DU PAGE

425 FAWELL BLVD

GLEN ELLYN IL 60137-6599

**Customer #**

1070839

**Invoice #**

1919848198

**Invoice Date**

08/07/2020

**Sales Rep #**

3531

**Payment Terms**

1% 10, Net 45

**Amount Due**

\$275.05

**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: 1920066101  
Invoice Date: 08/08/20  
PO Number: P0369556  
Check Number: 0272509  
Check Amount: \$ 1,921.13  
Check Date: 09/15/2020  
Department ID: 00141  
Reviewer Name: Adrianna Costello  
Voucher Number: V0639728  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: CustomerInvoices@medline.com  
Sent: Sat Aug 08 03:11:07 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 #
369556	08/08/2020	1920066101

**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**  
**08/18/20 - DILYSS GALLYOT**

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3531		509987553		MTRN PARCEL		MEDLINE		1070839		USD		\$611.81	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT		

20	1.00	CS	1.00	MDS193074	TE	8009554202	37.49	37.49
/GLOVE, EXAM, VINYL, ULTRA, PF, LF, SM								
HCPCS Code #: A4927								
30	1.00	CS	1.00	MDS193076	TE	8009554202	44.07	44.07
/GLOVE, EXAM, VINYL, ULTRA, PF, LF, LG								
HCPCS Code #: A4927								
40	1.00	CS	1.00	MDS193075	TE	8009554202	44.98	44.98
/GLOVE, EXAM, VINYL, ULTRA, PF, LF, MD								
HCPCS Code #: A4927								
50	5.00	DZ	5.00	MDTBT3C50DZ	TE	8009554202	21.64	108.20
/TOWEL, BATH, WHITE, 20X40, 5LB/DZ, CTN								
60	5.00	DZ	5.00	MDTWC3C11HDZ	TE	8009554202	4.39	21.95
/WASHCLOTH, WHI, 12X12, .70 LB/DZ, CTN								
70	10.00	PR	10.00	ABW80181CAH	TE	8009554202	1.62	16.20
/FOOTWEAR HIGH RISK ADLT LG YELLOW DB								

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 TWENTY 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 FORTY 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 ANNUM ON PAST DUE BALANCE.

MEDLINE INDUSTRIES, INC. INCLUDES MEDLINE INDUSTRIES, INC. AND/OR ITS WHOLLY OWNED OR 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: Kelly Schiel x7704778

**ADRIANNA COSTELLO** **08/17/20**

**Bill To:**

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

**Customer #**

1070839

**Invoice #**

1920066101

**Invoice Date**

08/08/2020

**Sales Rep #**

3531

**Payment Terms**

1% 10, Net 45

**Amount Due**

\$611.81

**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 #
369556	08/08/2020	1920066101

**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	1.00	BX	1.00	MDS160664 /STOCKING,ANTI-EMBOLISM,K-L,L REG,LF	TE	8009554202	50.00	50.00
HCPCS Code #: A6530								
100	1.00	GR	1.00	NON801778 /BOARD,EMERY,4.25"	TE	8009554202	6.32	6.32
110	3.00	DZ	3.00	MDTNC5L19 /SHEET,CONTOUR,SOFT SPAN,19 OZ,3 DZ/CS	TE	8009554202	94.20	282.60

GROSS	TAX AMOUNT	FREIGHT	TOTAL
611.81	0.00	0.00	\$611.81

Eligible Gross Amount \$611.81

Discount amount \$6.12 if recd. by 08/18/20

\*\* 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: 1920066104  
Invoice Date: 08/08/20  
PO Number: P0370611  
Check Number: 0272509  
Check Amount: \$ 1,921.13  
Check Date: 09/15/2020  
Department ID: 00225  
Reviewer Name: Adrianna Costello  
Voucher Number: V0639729  
Redaction Type: None  
Document Type: AP Invoice

Document Below



-----  
From: CustomerInvoices@medline.com  
Sent: Sat Aug 08 03:11:07 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 #
370611	08/08/2020	1920066104

**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****08/18/20 - DILYSS GALLYOT**

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #	CURRENCY	AMOUNT DUE
3531		510013298		MTRN PARCEL		MEDLINE		1070839	USD	\$227.61
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #	UNIT PRICE		AMOUNT

10 3.00 CS 3.00 DYNC7061 TE 8009616344 31.37 94.11  
/SYRINGE,PISTON,FEED TRAY,BLISTER, 30/CS

HCPCS Code #: B4034

30 5.00 BX 5.00 DYND70320 TE 8009616344 26.70 133.50  
/TUBE,GASTROSTOMY,20FR,3-PORT,WHITE,1/BX

HCPCS Code #: B4087

GROSS	TAX AMOUNT	FREIGHT	TOTAL
227.61	0.00	0.00	\$227.61

Eligible Gross Amount \$227.61

Discount amount \$2.28 if recd. by 08/18/20

\*\* 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 VOID. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 30 DAYS OF INVOICE DATE, OR THEY ARE DEEMED VOID.

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. A D/O/R IN WHOLLY OWNED OR SUBSIDIARIES, MEDLINE INDUSTRIES HOLDINGS, LP, A DELAWARE PARTNERSHIP, AND MEDICAL SALES, LLC, A DELAWARE LIMITED LIABILITY COMPANY, AS APPLICABLE.

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

**ADRIANNA COSTELLO 08/17/20****Bill To:**

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

**Customer #**

1070839

**Invoice #**

1920066104

**Invoice Date**

08/08/2020

**Sales Rep #**

3531

**Payment Terms**

1% 10, Net 45

**Amount Due**

\$227.61

**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: 1920065599  
Invoice Date: 08/08/20  
PO Number: P0369556  
Check Number: 0272509  
Check Amount: \$ 1,921.13  
Check Date: 09/15/2020  
Department ID: 00141  
Reviewer Name: Adrianna Costello  
Voucher Number: V0639730  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: CustomerInvoices@medline.com  
Sent: Sat Aug 08 03:11:08 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 #
369556	08/08/2020	1920065599

**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****08/18/20 - DILYSS GALLYOT**

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3531		504154695		MTRN PARCEL		MEDLINE		1070839		USD		\$48.29	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT		

120	1.00	BX	1.00	SQH4505Z	TE	8009448662	48.29	48.29
/MBO-SHIELD, FULL FACE DISPOSABLE								

<b>GROSS</b>	<b>TAX AMOUNT</b>	<b>FREIGHT</b>	<b>TOTAL</b>
48.29	0.00	0.00	\$48.29

Eligible Gross Amount \$48.29

Discount amount \$0.48 if recd. by 08/18/20

\*\* Special Ship-To

\* Code

TE - Tax Exempt

C - Customer Freight

**INVOICE REVIEWED****OKAY TO PAY****ADRIANNA COSTELLO 08/17/20****Bill To:**

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

**Customer #**

1070839

**Invoice #**

1920065599

**Invoice Date**

08/08/2020

**Sales Rep #**

3531

**Payment Terms**

1% 10, Net 45

**Amount Due**

\$48.29

**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: 1920066103  
Invoice Date: 08/08/20  
PO Number: P0370618  
Check Number: 0272509  
Check Amount: \$ 1,921.13  
Check Date: 09/15/2020  
Department ID: 00141  
Reviewer Name: Adrianna Costello  
Voucher Number: V0639731  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: CustomerInvoices@medline.com  
Sent: Sat Aug 08 03:11:08 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 #
370618	08/08/2020	1920066103

**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****08/18/20 - DILYSS GALLYOT**

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3531		510013294		MTRN PARCEL		MEDLINE		1070839		USD		\$5.20	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT		

30 2.00 BX 2.00 MDS090735Z TE 8009603823 2.60 5.20  
/PAD, PREP, ALCOHOL, STRL, MEDIUM, 2-PLY

HCPSC Code #: A4245

<b>GROSS</b>	<b>TAX AMOUNT</b>	<b>FREIGHT</b>	<b>TOTAL</b>
5.20	0.00	0.00	\$5.20

Eligible Gross Amount \$5.20

Discount amount \$0.05 if recd. by 08/18/20

\*\* Special Ship-To

\* Code

TE - Tax Exempt

C - Customer Freight

**INVOICE REVIEWED****OKAY TO PAY****ADRIANNA COSTELLO 08/17/20****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 #**

1920066103

**Invoice Date**

08/08/2020

**Sales Rep #**

3531

**Payment Terms**

1% 10, Net 45

**Amount Due**

\$5.20

**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: 1920706164  
Invoice Date: 08/14/20  
PO Number: P0370618  
Check Number: 0272509  
Check Amount: \$ 1,921.13  
Check Date: 09/15/2020  
Department ID: 00141  
Reviewer Name: Adrianna Costello  
Voucher Number: V0639887  
Redaction Type: None  
Document Type: AP Invoice

Document Below





www.medline.com

**INVOICE**

Customer PO #	Invoice Date	Invoice #
370618	08/14/2020	1920706164

**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****08/18/20 - DILYSS GALLYOT**

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3531		510013294		FEDEX GROUND		MEDLINE		1070839		USD		\$72.64	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #	UNIT PRICE		AMOUNT			

10	1.00	CS	1.00	NON27SMS2	TE	8010319822	72.64	72.64
/GOWN,ISO,MEDWGHT,SIDE/NECK TIE,YEL,REG								

<b>GROSS</b>	<b>TAX AMOUNT</b>	<b>FREIGHT</b>	<b>TOTAL</b>
72.64	0.00	0.00	\$72.64

Eligible Gross Amount \$72.64

Discount amount \$0.73 if recd. by 08/24/20

\*\* Special Ship-To

\* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS FOR SHORT DELIVERY, LOSS, DAMAGE, OR 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 PRICES 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 PAID IN BALANCE.

MEDLINE INDUSTRIES, INC. INCLUDES MEDLINE INDUSTRIES, INC. AND 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: 800-368-2117, A/P Sales Rep: Kelly M. Nelson, 770-778

**ADRIANNA COSTELLO 08/17/20****REMITTANCE**

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

**Customer #** 1070839  
**Invoice #** 1920706164  
**Invoice Date** 08/14/2020  
**Sales Rep #** 3531  
**Payment Terms** 1% 10, Net 45  
**Amount Due** \$72.64

**Remit To:**  
Medline Industries, Inc.  
Dept CH 14400  
Palatine IL 60055-4400

AMOUNT PAID \$ \_\_\_\_\_

Detach and return this portion with your payment



-----  
From: CustomerInvoices@medline.com  
Sent: Fri Aug 14 04:02:13 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Medline Invoices 1070839  
-----

Attached are Medline invoice/s.

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087485  
Vendor Name: Medline Industries, Inc.  
Invoice Number: 1920706162  
Invoice Date: 08/14/20  
PO Number: P0370611  
Check Number: 0272509  
Check Amount: \$ 1,921.13  
Check Date: 09/15/2020  
Department ID: 00225  
Reviewer Name: Adrianna Costello  
Voucher Number: V0639889  
Redaction Type: None  
Document Type: AP Invoice

Document Below



-----  
From: CustomerInvoices@medline.com  
Sent: Fri Aug 14 04:02:13 CDT 2020  
To: invoicing@cod.edu  
CC:  
Subject: Medline Invoices 1070839  
-----

Attached are Medline invoice/s.

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087485  
Vendor Name: Medline Industries, Inc.  
Invoice Number: 1921527211  
Invoice Date: 08/21/20  
PO Number: P0369556  
Check Number: 0272509  
Check Amount: \$ 1,921.13  
Check Date: 09/15/2020  
Department ID: 00141  
Reviewer Name: Adrianna Costello  
Voucher Number: V0640326  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: CustomerInvoices@medline.com  
Sent: Fri Aug 21 03:56:58 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 #
369556	08/21/2020	1921527211

**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**  
**08/28/20 - DILYSS GALLYOT**

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3531		509987553		FEDEX GROUND		MEDLINE		1070839		USD		\$4.39	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT		

90	1.00	GR	1.00	NON801780	TE	8010889080	4.39	4.39
/STICK,ORANGE,4 1/2"								

<b>GROSS</b>	<b>TAX AMOUNT</b>	<b>FREIGHT</b>	<b>TOTAL</b>
4.39	0.00	0.00	\$4.39

Eligible Gross Amount \$4.39

Discount amount \$0.04 if recd. by 08/31/20

\*\* Special Ship-To

\* Code

TE - Tax Exempt

C - Customer Freight

**INVOICE REVIEWED****OKAY TO PAY****ADRIANNA COSTELLO 08/25/20****REMITTANCE****Bill To:**

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

**Customer #**

1070839

**Invoice #**

1921527211

**Invoice Date**

08/21/2020

**Sales Rep #**

3531

**Payment Terms**

1% 10, Net 45

**Amount Due**

\$4.39

**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: 1922354453  
Invoice Date: 08/28/20  
PO Number: P0370808  
Check Number: 0272509  
Check Amount: \$ 1,921.13  
Check Date: 09/15/2020  
Department ID: 00141  
Reviewer Name: Adrianna Costello  
Voucher Number: V0640705  
Redaction Type: None  
Document Type: AP Invoice

Document Below



-----  
From: CustomerInvoices@medline.com  
Sent: Fri Aug 28 04:18:38 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 #
370808	08/28/2020	1922354453

**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****09/08/20 - KIRK OVERSTREET**

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3531		511032931		FEDEX GROUND		MEDLINE		1070839		USD		\$160.17	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT		

10	1.00	CS	1.00	RP88020	TE	8011462182	160.17	160.17
/MASK, RESPIRATOR, PROGEAR, REG								

<b>GROSS</b>	<b>TAX AMOUNT</b>	<b>FREIGHT</b>	<b>TOTAL</b>
160.17	0.00	0.00	\$160.17

Eligible Gross Amount \$160.17

Discount amount \$1.60 if recd. by 09/07/20

\*\* Special Ship-To

\* Code

TE - Tax Exempt

C - Customer Freight

**INVOICE REVIEWED****OKAY TO PAY****ADRIANNA COSTELLO 09/03/20**

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS FOR SHORTS, DEFECTS, 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., A DELAWARE LIMITED LIABILITY COMPANY, AND ITS WHOLLY OWNED CONSOLIDATED SUBSIDIARIES, MEDLINE INDUSTRIES HOLDINGS, L.P., 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

<b>Customer #</b>	1070839
<b>Invoice #</b>	1922354453
<b>Invoice Date</b>	08/28/2020
<b>Sales Rep #</b>	3531
<b>Payment Terms</b>	1% 10, Net 45
<b>Amount Due</b>	\$160.17

**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: 1922477016  
Invoice Date: 08/29/20  
PO Number: P0370846  
Check Number: 0272509  
Check Amount: \$ 1,921.13  
Check Date: 09/15/2020  
Department ID: 00225  
Reviewer Name:  
Voucher Number: V0643085  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

-----  
From: CustomerInvoices@medline.com  
Sent: Sat Aug 29 02:21:38 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 #
370846	08/29/2020	1922477016

**Sold To:**

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

**3 WAY MATCH**

**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		511229495		MTRN PARCEL		MEDLINE		1070839		USD		\$590.52	
LINE NO.	ORDER QTY		U/M	INVOICE QTY		ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT

10	3.00	CS	3.00	MDS202075	TE	8011753536	38.84	116.52
				/BLADE, TONGUE, 6", STERILE				
20	2.00	BX	2.00	ZPP301	TE	8011753536	21.80	43.60
				/HOLDER, TUBE, TRACHEOSTOMY, ADULT, NON-ADJ				
HCPCS Code #: A7526								
30	10.00	EA	10.00	DYND80327H	TE	8011753536	0.54	5.40
				/BASIN, EMESIS, GRAPHITE, 500ML				
50	4.00	BX	4.00	MSG9065Z	TE	8011753536	85.00	340.00
				/GLOVE, SURG, SENSICARE PI, LF, PF, 6.5				
60	1.00	BX	1.00	MSG9075Z	TE	8011753536	85.00	85.00
				/GLOVE, SURG, SENSICARE PI, LF, PF, 7.5				

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.

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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 # 1922477016  
Invoice Date 08/29/2020  
Sales Rep # 3531  
Payment Terms 1% 10, Net 45  
Amount Due \$590.52

**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 #
370846	08/29/2020	1922477016

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

GROSS	TAX AMOUNT	FREIGHT	TOTAL
590.52	0.00	0.00	\$590.52

Eligible Gross Amount \$590.52

Discount amount \$5.91 if recd. by 09/08/20

\*\* Special Ship-To

\* Code

TE - Tax Exempt

C - Customer Freight