

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087485
Vendor Name: Medline Industries, Inc.
Invoice Number: 1925825990
Invoice Date: 10/01/20
PO Number: P0371200
Check Number: 0275748
Check Amount: \$ 2,321.67
Check Date: 01/12/2021
Department ID: 00141
Reviewer Name: Adrianna Costello
Voucher Number: V0645656
Redaction Type: None
Document Type: AP Invoice

Document Below

From: CustomerInvoices@medline.com
Sent: Thu Oct 01 04:18:21 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 # |
|---------------|--------------|------------|
| 371200 | 10/01/2020 | 1925825990 |

Sold To:

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

Ship To:

COLLEGE OF DU PAGE WESTMONT CENTER**
650 PISCUINELLI DR
WESTMONT, IL 60559-1252

APPROVED**12/15/20 - DILYSS GALLYOT**

| SALES REP # | | SALES ORDER # | | CARRIER | | FREIGHT TERMS | | CUSTOMER # | | CURRENCY | | AMOUNT DUE | |
|-------------|-----------|---------------|-------------|------------------------|--|---------------|------------|------------|------------|----------|--------|------------|--|
| 3531 | | 724502134 | | FEDEX GROUND | | MEDLINE | | 1070839 | | USD | | \$504.42 | |
| LINE NO. | ORDER QTY | U/M | INVOICE QTY | ITEM NO. / DESCRIPTION | | CODE* | DELIVERY # | | UNIT PRICE | | AMOUNT | | |

| | | | | | | | | |
|-------------------------|---------|------|-------------|------|------------|--|--------|--------|
| 10 | 2.00 BX | 2.00 | CIWIDFS7PET | TE,C | 8015123291 | | 252.21 | 504.42 |
| /FACE,SHIELD,PPE,9"X13" | | | | | | | | |

| | | | |
|--------------|-------------------|----------------|--------------|
| GROSS | TAX AMOUNT | FREIGHT | TOTAL |
| 504.42 | 0.00 | 0.00 | \$504.42 |

Eligible Gross Amount \$504.42

* Code

Discount amount \$5.04 if recd. by 10/11/20

TE - Tax Exempt

** Special Ship-

C - Customer Freight

INVOICE REVIEWED**OKAY TO PAY****ADRIANNA COSTELLO 12/10/20**

CUSTOMER SHALL PAY THE FEES CHARGED INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORTS, DAMAGES, MIS-SHIPPING, 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

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 # | 1925825990 |
| Invoice Date | 10/01/2020 |
| Sales Rep # | 3531 |
| Payment Terms | 1% 10, Net 45 |
| Amount Due | \$504.42 |

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: 1932431900
Invoice Date: 11/26/20
PO Number: p0371758
Check Number: 0275748
Check Amount: \$ 2,321.67
Check Date: 01/12/2021
Department ID: 00141
Reviewer Name: Adrianna Costello
Voucher Number: V0655955
Redaction Type: None
Document Type: AP Invoice

Document Below

From: CustomerInvoices@medline.com
Sent: Thu Nov 26 04:41:37 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 # |
|---------------|--------------|------------|
| 371758 | 11/26/2020 | 1932431900 |

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

3 WAY MATCH

| SALES REP # | | SALES ORDER # | | CARRIER | | FREIGHT TERMS | | CUSTOMER # | | CURRENCY | | AMOUNT DUE | |
|-------------|-----------|---------------|-------------|------------------------|--|---------------|------------|------------|--|----------|--|------------|--|
| 3531 | | 516899133 | | FEDEX GROUND | | MEDLINE | | 1070839 | | USD | | \$144.52 | |
| LINE NO. | ORDER QTY | U/M | INVOICE QTY | ITEM NO. / DESCRIPTION | | CODE* | DELIVERY # | UNIT PRICE | | AMOUNT | | | |

| | | | | | | | | |
|----|------|----|------|--|----|------------|--------|--------|
| 10 | 1.00 | CS | 1.00 | NONTP15I /TOOTHPASTE, SPARKLE FRESH, FLUORIDE, 1. | TE | 8021554525 | 105.52 | 105.52 |
| 20 | 4.00 | BX | 4.00 | MEC37224 /CLIPPER, NAIL, FINGER, NO-FILE | TE | 8021554525 | 9.75 | 39.00 |

| GROSS | TAX AMOUNT | FREIGHT | TOTAL |
|--------|------------|---------|----------|
| 144.52 | 0.00 | 0.00 | \$144.52 |

Eligible Gross Amount \$144.52

Discount amount \$1.45 if recd. by 12/06/20

** 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 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

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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 # 1932431900
Invoice Date 11/26/2020
Sales Rep # 3531
Payment Terms 1% 10, Net 45
Amount Due \$144.52

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: 1932529365
Invoice Date: 11/28/20
PO Number: P0371758
Check Number: 0275748
Check Amount: \$ 2,321.67
Check Date: 01/12/2021
Department ID: 00141
Reviewer Name: Adrianna Costello
Voucher Number: V0655966
Redaction Type: None
Document Type: AP Invoice

Document Below

From: CustomerInvoices@medline.com
Sent: Sat Nov 28 01:27:55 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 # |
|---------------|--------------|------------|
| 371758 | 11/28/2020 | 1932529365 |

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 | | 516899133 | | FEDEX GROUND | | MEDLINE | | 1070839 | | USD | | \$130.90 | |
| LINE NO. | ORDER QTY | U/M | INVOICE QTY | ITEM NO. / DESCRIPTION | | CODE* | DELIVERY # | | UNIT PRICE | | AMOUNT | | |

| | | | | | | | | |
|------------------------------|------|----|------|------------|----|------------|-------|--------|
| 30 | 2.00 | EA | 2.00 | ADC613BKRB | TE | 8021670997 | 65.45 | 130.90 |
| /ADSCOPE, 613 TEACHING SCOPE | | | | | | | | |

| | | | |
|--------------|-------------------|----------------|--------------|
| GROSS | TAX AMOUNT | FREIGHT | TOTAL |
| 130.90 | 0.00 | 0.00 | \$130.90 |

Eligible Gross Amount \$130.90

Discount amount \$1.31 if recd. by 12/08/20

** 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 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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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 # | 1932529365 |
| Invoice Date | 11/28/2020 |
| Sales Rep # | 3531 |
| Payment Terms | 1% 10, Net 45 |
| Amount Due | \$130.90 |

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: 1933715135
Invoice Date: 12/09/20
PO Number: P0371690
Check Number: 0275748
Check Amount: \$ 2,321.67
Check Date: 01/12/2021
Department ID: 00225
Reviewer Name: Adrianna Costello
Voucher Number: V0656604
Redaction Type: None
Document Type: AP Invoice

Document Below

From: CustomerInvoices@medline.com
Sent: Wed Dec 09 04:31:36 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 # |
|---------------|--------------|------------|
| 371690 | 12/09/2020 | 1933715135 |

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

3 WAY MATCH

| SALES REP # | | SALES ORDER # | | CARRIER | | FREIGHT TERMS | | CUSTOMER # | | CURRENCY | | AMOUNT DUE | |
|-------------|-----------|---------------|-------------|------------------------|--|---------------|------------|------------|------------|----------|--------|------------|--|
| 3531 | | 516648938 | | FEDEX GROUND | | MEDLINE | | 1070839 | | USD | | \$72.64 | |
| LINE NO. | ORDER QTY | U/M | INVOICE QTY | ITEM NO. / DESCRIPTION | | CODE* | DELIVERY # | | UNIT PRICE | | AMOUNT | | |

| | | | | | | | | |
|---|------|----|------|-----------|----|------------|-------|-------|
| 70 | 1.00 | CS | 1.00 | NON27SMS2 | TE | 8022839840 | 72.64 | 72.64 |
| /GOWN,ISO,MEDWGHT,SIDE/NECK TIE,YEL,REG | | | | | | | | |

| | | | |
|--------------|-------------------|----------------|--------------|
| GROSS | TAX AMOUNT | FREIGHT | TOTAL |
| 72.64 | 0.00 | 0.00 | \$72.64 |

Eligible Gross Amount \$72.64

Discount amount \$0.73 if recd. by 12/19/20

** 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 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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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 # | 1933715135 |
| Invoice Date | 12/09/2020 |
| 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

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087485
Vendor Name: Medline Industries, Inc.
Invoice Number: 1934379794
Invoice Date: 12/15/20
PO Number: P0371847
Check Number: 0275748
Check Amount: \$ 2,321.67
Check Date: 01/12/2021
Department ID: 00225
Reviewer Name: Adrianna Costello
Voucher Number: V0656952
Redaction Type: None
Document Type: AP Invoice

Document Below

From: CustomerInvoices@medline.com
Sent: Tue Dec 15 03:43:02 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 # |
|---------------|--------------|------------|
| 371847 | 12/15/2020 | 1934379794 |

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

3 WAY MATCH

| | | | | | | | | | | | | | |
|-------------|-----------|---------------|-------------|------------------------|--|---------------|------------|------------|------------|----------|--------|------------|--|
| SALES REP # | | SALES ORDER # | | CARRIER | | FREIGHT TERMS | | CUSTOMER # | | CURRENCY | | AMOUNT DUE | |
| 3531 | | 726418544 | | FEDEX GROUND | | MEDLINE | | 1070839 | | USD | | \$931.66 | |
| LINE NO. | ORDER QTY | U/M | INVOICE QTY | ITEM NO. / DESCRIPTION | | CODE* | DELIVERY # | | UNIT PRICE | | AMOUNT | | |

| | | | | | | | | |
|---------------------|-------|----|-------|---|----|------------|-------|--------|
| 10 | 1.00 | CS | 1.00 | DYA1113 | TE | 8022958495 | 20.64 | 20.64 |
| | | | | /PAD,ALCOHOL,PREP,MEDIUM,STERILEPAD,A | | | | |
| 30 | 2.00 | CS | 2.00 | DYND11855 | TE | 8022958495 | 81.11 | 162.22 |
| | | | | /TRAY,FOLEY,SILI-ELAST,14FR,10ML,W/BAG | | | | |
| HCPCS Code #: A4314 | | | | | | | | |
| 40 | 6.00 | EA | 6.00 | PTX211530H | TE | 8022958495 | 61.59 | 369.54 |
| | | | | /MBO-SYSTEM,PEP,ACAPELLA DH,W/MOUTHPIECE | | | | |
| 60 | 1.00 | CS | 1.00 | HH70G1000 | TE | 8022958495 | 29.64 | 29.64 |
| | | | | /HAND SANITIZER, GEL, SPECTRUM 70% 1000ML | | | | |
| 70 | 6.00 | EA | 6.00 | HCSM70B | TE | 8022958495 | 32.27 | 193.62 |
| | | | | /OXIMETER,PULSE,FINGERTIP,BASIC | | | | |
| HCPCS Code #: E0445 | | | | | | | | |
| 80 | 10.00 | EA | 10.00 | DYND80438H | TE | 8022958495 | 0.60 | 6.00 |
| | | | | /TRAY,BEDSIDE,4.6X7.5X.25 GRAPHITE | | | | |
| 100 | 1.00 | CS | 1.00 | MDS193075 | TE | 8022958495 | 50.00 | 50.00 |
| | | | | /GLOVE,EXAM,VINYL,ULTRA,PF,LF,MD | | | | |

HCPCS Code #: A4927

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 #

1934379794

Invoice Date

12/15/2020

Sales Rep #

3531

Payment Terms

1% 10, Net 45

Amount Due

\$931.66

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 # |
|---------------|--------------|------------|
| 371847 | 12/15/2020 | 1934379794 |

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 |
|---------------------|-----------|-----|-------------|--|-------|------------|------------|--------|
| 110 | 1.00 | CS | 1.00 | MDS193076 /GLOVE,EXAM,VINYL,ULTRA,PF,LF,LG | TE | 8022958495 | 50.00 | 50.00 |
| HCPCS Code #: A4927 | | | | | | | | |
| 120 | 1.00 | CS | 1.00 | MDS098016 /ALCOHOL, RUBBING, 70% ISOPROPYL, 1-GAL | TE | 8023152511 | 50.00 | 50.00 |

| GROSS | TAX AMOUNT | FREIGHT | TOTAL |
|--------|------------|---------|----------|
| 931.66 | 0.00 | 0.00 | \$931.66 |

Eligible Gross Amount \$931.66
Discount amount \$9.32 if recd. by 12/25/20

* Code
TE - Tax Exempt
C - Customer Freight

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087485
Vendor Name: Medline Industries, Inc.
Invoice Number: 1934559565
Invoice Date: 12/16/20
PO Number: P0371055
Check Number: 0275748
Check Amount: \$ 2,321.67
Check Date: 01/12/2021
Department ID: 00141
Reviewer Name: Adrianna Costello
Voucher Number: V0657113
Redaction Type: None
Document Type: AP Invoice

Document Below

From: CustomerInvoices@medline.com
Sent: Wed Dec 16 04:13:51 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 # |
|---------------|--------------|------------|
| 371055 | 12/16/2020 | 1934559565 |

Sold To:

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

Ship To:

College of DuPage Westmont Center**
425 FAWELL BLVD
GLEN ELLYN, IL 60137-6708

| | | | | | | | | | | | | | | |
|-------------|-----------|---------------|-----|--------------|--|------------------------|--|------------|------------|----------|------------|------------|--------|--|
| SALES REP # | | SALES ORDER # | | CARRIER | | FREIGHT TERMS | | CUSTOMER # | | CURRENCY | | AMOUNT DUE | | |
| 3531 | | 512507040 | | FEDEX GROUND | | MEDLINE | | 1070839 | | USD | | \$268.08 | | |
| LINE NO. | ORDER QTY | | U/M | INVOICE QTY | | ITEM NO. / DESCRIPTION | | CODE* | DELIVERY # | | UNIT PRICE | | AMOUNT | |

| | | | | | | | | |
|----|------|----|------|------------|--|--|--------|--------|
| 10 | 1.00 | CS | 1.00 | 8023653890 | | | 168.98 | 168.98 |
| 20 | 1.00 | CS | 1.00 | 8023653890 | | | 99.10 | 99.10 |

12/23/20 - DILYSS GALLYOT

| GROSS | TAX AMOUNT | FREIGHT | TOTAL |
|--------|------------|---------|----------|
| 268.08 | 0.00 | 0.00 | \$268.08 |

Eligible Gross Amount \$268.08

Discount amount \$2.68 if recd. by 12/23/20

** Special Ship-To

**INVOICE REVIEWED
OKAY TO PAY**

ADRIANNA COSTELLO 12/22/20

CUSTOMER SHALL BE RESPONSIBLE FOR CHARGES APPLICABLE TO THIS INVOICE. ALL CLAIMS, DISCOUNTS, SHORTS, 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

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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 # 1934559565
Invoice Date 12/16/2020
Sales Rep # 3531
Payment Terms 1% 10, Net 45
Amount Due \$268.08

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: 1936105672
Invoice Date: 12/30/20
PO Number: P0371847
Check Number: 0275748
Check Amount: \$ 2,321.67
Check Date: 01/12/2021
Department ID: 00225
Reviewer Name: Adrianna Costello
Voucher Number: V0657620
Redaction Type: None
Document Type: AP Invoice

Document Below

From: CustomerInvoices@medline.com <CustomerInvoices@medline.com >
Sent: Wed Dec 30 03:52:30 CST 2020
To: invoicing@cod.edu
CC:
Subject: Medline Invoices 1070839

Attached are Medline invoice/s.

[attachment: 1936105672.PDF]



www.medline.com

INVOICE

| Customer PO # | Invoice Date | Invoice # |
|---------------|--------------|------------|
| 371847 | 12/30/2020 | 1936105672 |

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 | | 726418544 | | FEDEX GROUND | | MEDLINE | | 1070839 | | USD | | \$105.45 | |
| LINE NO. | ORDER QTY | U/M | INVOICE QTY | ITEM NO. / DESCRIPTION | | CODE* | DELIVERY # | | UNIT PRICE | | AMOUNT | | |

| | | | | | | | | |
|------------------------------|------|----|------|---------|----|------------|--------|--------|
| 20 | 1.00 | CS | 1.00 | DYA1218 | TE | 8025061535 | 105.45 | 105.45 |
| /SWABSTICK, ORAL, UNFLAVORED | | | | | | | | |

| | | | |
|--------------|-------------------|----------------|--------------|
| GROSS | TAX AMOUNT | FREIGHT | TOTAL |
| 105.45 | 0.00 | 0.00 | \$105.45 |

Eligible Gross Amount \$105.45

Discount amount \$1.05 if recd. by 01/09/21

* 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 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 # | 1936105672 |
| Invoice Date | 12/30/2020 |
| Sales Rep # | 3531 |
| Payment Terms | 1% 10, Net 45 |
| Amount Due | \$105.45 |

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: 1936975818
Invoice Date: 01/07/21
PO Number: P0372001
Check Number: 0275748
Check Amount: \$ 2,321.67
Check Date: 01/12/2021
Department ID: 00225
Reviewer Name: Adrianna Costello
Voucher Number: V0657783
Redaction Type: None
Document Type: AP Invoice

Document Below

From: CustomerInvoices@medline.com <CustomerInvoices@medline.com >
Sent: Thu Jan 07 05:27:09 CST 2021
To: invoicing@cod.edu
CC:
Subject: Medline Invoices 1070839

Attached are Medline invoice/s.

[attachment: 1936975818.PDF]



www.medline.com

INVOICE

| Customer PO # | Invoice Date | Invoice # |
|---------------|--------------|------------|
| 372001 | 01/07/2021 | 1936975818 |

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

3 WAY MATCH

| SALES REP # | | SALES ORDER # | | CARRIER | | FREIGHT TERMS | | CUSTOMER # | | CURRENCY | | AMOUNT DUE | |
|-------------|-----------|---------------|-------------|------------------------|--|---------------|------------|------------|------------|----------|--------|------------|--|
| 3531 | | 726862388 | | FEDEX GROUND | | MEDLINE | | 1070839 | | USD | | \$164.00 | |
| LINE NO. | ORDER QTY | U/M | INVOICE QTY | ITEM NO. / DESCRIPTION | | CODE* | DELIVERY # | | UNIT PRICE | | AMOUNT | | |

| | | | | | | | | |
|---|------|----|------|-----------|----|------------|-------|-------|
| 10 | 1.00 | CS | 1.00 | DYND40982 | TE | 8025600464 | 55.00 | 55.00 |
| /TRAY,CATHETER,SUCTION,14 FR,2 GLV,MINI | | | | | | | | |

HCPCS Code #: A4624 + A4930

| | | | | | | | | |
|---|------|----|------|--------|----|------------|-------|--------|
| 20 | 5.00 | BX | 5.00 | ZPP301 | TE | 8025600464 | 21.80 | 109.00 |
| /HOLDER,TUBE,TRACHEOSTOMY,ADULT,NON-ADJ | | | | | | | | |

HCPCS Code #: A7526

| | | | |
|--------------|-------------------|----------------|--------------|
| GROSS | TAX AMOUNT | FREIGHT | TOTAL |
| 164.00 | 0.00 | 0.00 | \$164.00 |

Eligible Gross Amount \$164.00

Discount amount \$1.64 if recd. by 01/17/21

** 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 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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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 # | 1936975818 |
| Invoice Date | 01/07/2021 |
| Sales Rep # | 3531 |
| Payment Terms | 1% 10, Net 45 |
| Amount Due | \$164.00 |

Remit To:

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

AMOUNT PAID \$ _____

Detach and return this portion with your payment