

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1089219

Vendor Name: Sunstar Butler

Invoice Number: 692933

Invoice Date: 12/15/20

PO Number: B0370876

Check Number: E0082872

Check Amount: \$ 540.20

Check Date: 01/12/2021

Department ID: 00153

Reviewer Name: Jessica Lang

Voucher Number: V0657757

Redaction Type: None

Document Type: AP Invoice

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	Customer Acct.	Sales#	Terms	Phone	Ship Via	Order No
BO 370-876	59709	123	NET 30 DAYS		U11	765877

Invoice No	Invoice Date	Page
692933	12/15/20	1

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



QUANTITY			ITEM	UM	DESCRIPTION	UNIT PRICE	AMOUNT
ORDERED	SHIPPED	BACK ORD					
6	6		891PF	BX	Step: 2 FLOSS #GUM; FLOSSER; PRO CLN; 3X48CT; EN	5.30	31.80
4	4		1312PA	BX	Step: 3 CUSTOM CARE IDB; MICROTIGHT SX; 36/BX PRO	13.20	52.80
4	4		3614A	BX	IDB; WIDE SIZE; 36/BX; PRO; US	13.20	52.80
4	4		1618PA	BX	IDB; EXTRA WIDE SX; 36/BX PRO	13.20	52.80
1	1		414PA	BX	IDB REF; 36/BX; 1.1mm; TAP; CND	4.80	4.80
24	24		760PA	BX	TONGUE CLEANER; PROF; 6/BOX; BIL	4.80	115.20
2	2		1771PA	BX	RINCINOL SACHET; 36EA; US PRO; BX	7.20	14.40
					2 Lot ID: 329911		
2	2		1217P	BX	PROPHYCIENCY POLISH 200 DPA	65.00	130.00
12	12		308PD	DZ	ENDTUFT TB; BLISTER	3.00	36.00
					Step: 4 BUTLER OPERATORY		

APPROVED

01/07/21 - DILYSS GALLYOT

PLEASE PAY FROM THIS INVOICE

1.7% SERVICE CHARGE
ADDED AFTER 30 DAYS
1.8% ANNUALLY

Sales Tax

Total Invoice

Paid in Advance

Amount Due

PLEASE SHOW INVOICE AND CUSTOMER NUMBER WHEN REMITTING OR CORRESPONDING

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.

INVOICE REVIEWED



REMITTANCE ADVICE

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

Make Check Payable and Mail To:

SUNSTAR AMERICAS, INC
13885 College Center Drive
Chicago, IL 60653

JESSICA LANG 01/07/21

Terr	Cust. Number	Customer Name	Invoice No	Invoice Date	Amount Due
123	59709	College Of Dupage	692933	12/15/20	540.20

Original Invoice

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	Customer Acct.	Sales#	Terms	Phone	Ship Via	Order No
BO 370-876	59709	123	NET 30 DAYS		U11	765877

Invoice No	Invoice Date	Page
692933	12/15/20	2

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



QUANTITY			ITEM	UM	DESCRIPTION	UNIT PRICE	AMOUNT
ORDERED	SHIPPED	BACK ORD					
2	2		1773PA	BX	GUM;CANKER-X SACHET;36EA;US 2 Lot ID: 218011	9.50	19.00
1	1		1219P	BX	BUTLER MONSTERZ VARNISH;45CT 1 Lot ID: BH9C9	30.60	30.60
Order by email per Cindy Conley (Fisk) sg 12/11/20 Purchase Order# PO # BO 370-876							

PLEASE PAY FROM THIS INVOICE

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

Sales Tax .00

Total Invoice 540.20

Paid in Advance .00

Amount Due 540.20

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 require 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.

Terr	Cust. Number	Customer Name	Invoice No	Invoice Date	Amount Due
123	59709	College Of Dupage	692933	12/15/20	540.20

Original Invoice

From: barriosi142@cod.edu <barriosi142@cod.edu>
Sent: Wed Jan 06 11:40:11 CST 2021
To: invoicing@cod.edu
CC:
Subject: Scanned from a Xerox Multifunction Device

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]