

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087607
Vendor Name: McKesson Medical-Surgical Inc
Invoice Number: 21785028
Invoice Date: 03/03/21
PO Number: P0372625
Check Number: 0279163
Check Amount: \$ 4,833.30
Check Date: 04/13/2021
Department ID: 00258
Reviewer Name: Colleen Gonzalez
Voucher Number: V0664042
Redaction Type: None
Document Type: AP Invoice

Document Below

From: MMS.Credit@McKesson.com <MMS.Credit@McKesson.com >
Sent: Thu Mar 04 07:20:49 CST 2021
To: invoicing@cod.edu
CC:
Subject: [External] McKesson Medical-Surgical Customer Invoice(s)

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[attachment: MMS_00002493_INV0021786162_MMGD001.PDF]
[attachment: MMS_00002494_INV0021788832_MMGD001.PDF]
[attachment: MMS_00002495_INV0021790722_MMGD001.PDF]
[attachment: MMS_00002496_INV0021791744_MMGD001.PDF]
[attachment: MMS_00002497_INV0021792944_MMGD001.PDF]
[attachment: MMS_00002498_INV0021796944_MMGD001.PDF]

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Invoice

Page 1 of 2

RCHAP6519

Bill To: 58723600

Shipped From:
MCKESSON MEDICAL-SURGICAL INC(GLENDALE H
140 EXCHANGE BOULEVARD
GLENDALE HEIGHTS,IL 60139
SHIPPED FROM LICENSE: 004.000996

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING

425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Shipped To: 58723601
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: REP EMAIL
REGULATORY LICENSE: MMC_TEACHING

APPROVED
03/12/21 - DILYSS GALLYOT

Payment / Account Balance Inquires 1-800-453-5180
Phone:

Customer Service Phone: 1-800-877-1919

Sales Order Number	98127955	Invoice Number	21785028
Sales Order Date	03/03/2021	Invoice Date	03/03/2021
PO Number	372625	Payment Due Date	04/02/2021
Sales Rep Name	COSS, KAREN A.	Invoice Amount	\$312.80

Notes: The complete Terms of Sale that apply to this purchase are located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. Customer is responsible for reviewing the Terms of Sale in full.
Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
793188	Vendor: BD Vend Cat#: 2426-0007	VALVE, CHECK GEM 20DRP 2PC ML PO LN 1	1	CS	0	147.81	.00	.00	
414624	Vendor: CARDCV Vend Cat#: 1181200777	SYRINGE, LL TIP 12CC (80/BX/6B PO LN 2	1	BX	0	15.71	.00	.00	
362546	Vendor: BDSURG Vend Cat#: 371163	SCRUBBRUSH/SPONGE, W/PCMX (30/ PO LN 3	2	BX	0	24.12	.00	.00	
1022086	Vendor: UNDSTR Vend Cat#: BWK-380XLCT	GLOVES, GP, NITRIL, PF, XL, BE PO LN 4	4	CT	0	78.51	.00	.00	
1151695	Vendor: BDSURG Vend Cat#: 930715	CHLORAPREP, HI-LITE ORG 10.51M PO LN 5	2	CT	0	156.21	.00	.00	
1164247	Vendor: NBPCMP Vend Cat#: 66-3130-S	GOWN, SURGICAL STR AAMI LVL3 W PO LN 6	1	CS	1	158.25	158.25	.00	
Tracking # 1Z6445310307913138 Shipped: 03/03/2021 From: Chicago Via: UPS GROUND									
1162051	Vendor: CYPRES Vend Cat#: 91-2004	MASK, PROC LOOPS ASTM1 (50/BX PO LN 7	6	BX	0	12.23	.00	.00	

Invoice

RCHAP6519

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Account Number	58723600	Date	03/03/2021
Document Number	21785028	Terms	AR NET 30 DAYS
Pay This Amount Before	04/02/2021		\$312.80

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:
MCKESSON MEDICAL SURGICAL
PO BOX 933027
ATLANTA GA 31193-3027

INVOICE REVIEWED
OKAY TO PAY

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Invoice

Page 2 of 2

RCHAP6519

Bill To: 58723600
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Shipped To:
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: REP EMAIL
REGULATORY LICENSE: MMC_TEACHING

Invoice Number 21785028	PO Number 372625	Invoice Date 03/03/2021
-------------------------	------------------	-------------------------

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
1079087	Vendor: ASPPRE Vend Cat#: 15331	MASK, SURG W/EYESHLD TIES ASTM PO LN 8	3	BX	0	21.34	.00	.00	
237329	Vendor: MGM16 Vend Cat#: 40181100	CAP, BOUF LF SB 24" BLU (100/B PO LN 9	2	BX	0	15.11	.00	.00	
1044748	Vendor: MGM20 Vend Cat#: 20-2680N	GLOVE, SURG NPRN 8.0 STR2 SMTH PO LN 10	1	BX	0	105.58	.00	.00	
1044747	Vendor: MGM20 Vend Cat#: 20-2675N	GLOVE, SURG NPRN 7.5 STR2 SMTH PO LN 11	1	BX	0	105.58	.00	.00	
1010171	Vendor: SALTBL Vend Cat#: ZIT-1002-10	INFUSOR, PRESSURE DISP W/THUMB PO LN 12	3	CS	0	114.87	.00	.00	
542807	Vendor: MERITM Vend Cat#: 682000	TRANSDUCER SET, DTX PLUS DISP PO LN 13	1	BX	1	154.55	154.55	.00	

Tracking # 1Z6445310307911890

Shipped: 03/03/2021 From: Chicago Via: UPS GROUND

SUB TOTAL	FREIGHT	TAX	AMOUNT
\$312.80	\$0.00	\$0.00	\$312.80

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor. In addition, the purchase of products hereunder may qualify customer for discounts on certain purchases made under a distribution agreement between customer and McKesson Corporation.

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INVOICE REVIEWED
OKAY TO PAY
COLLEEN GONZALEZ 03/11/21

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087607
Vendor Name: McKesson Medical-Surgical Inc
Invoice Number: 21790722
Invoice Date: 03/03/21
PO Number: P0372625
Check Number: 0279163
Check Amount: \$ 4,833.30
Check Date: 04/13/2021
Department ID: 00258
Reviewer Name: Colleen Gonzalez
Voucher Number: V0664044
Redaction Type: None
Document Type: AP Invoice

Document Below

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[attachment: MMS_00002497_INV0021792944_MMGD001.PDF]
[attachment: MMS_00002498_INV0021796944_MMGD001.PDF]

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Invoice

Page 1 of 1

RCHAP6519

Bill To: 58723600

Shipped From:

McKESSON MEDICAL-SURGICAL INC(LOUISVILLE)
5150 INTERCHANGE WAY STE B
LOUISVILLE, KY 40229
SHIPPED FROM LICENSE: 004.004199

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

APPROVED
03/09/21 - BILYSS GALLYOT

Shipped To: 58723601

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: REP EMAIL
REGULATORY LICENSE: MMC_TEACHING

Payment / Account Balance Inquires 1-800-453-5180
Phone:

Customer Service Phone: 1-800-877-1919

Sales Order Number	98127955	Invoice Number	21790722
Sales Order Date	03/03/2021	Invoice Date	03/03/2021
PO Number	372625	Payment Due Date	04/02/2021
Sales Rep Name	COSS, KAREN A.	Invoice Amount	\$105.58

Notes: The complete Terms of Sale that apply to this purchase are located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. Customer is responsible for reviewing the Terms of Sale in full.

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
1044748	Vendor: MGM20 Vend Cat#: 20-2680N	GLOVE, SURG NPRN 8.0 STR2 SMTH PO LN 10	1	BX	1	105.58	105.58	.00	
Tracking # 1ZR3X5940317247845									
Shipped: 03/03/2021 From: Louisville Via: UPS GROUND									

SUB TOTAL	FREIGHT	TAX	AMOUNT
\$105.58	\$0.00	\$0.00	\$105.58

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with applicable law and regulations, including 42 CFR 320.60(b). The discounts and rebates made on the purchase of products hereunder may qualify customer for discounts on certain purchases made under the institutional agreement between your company and McKesson Corporation. PENDING IS CONFIDENTIAL AND PROPRIETARY.

INVOICE REVIEWED
OKAY TO PAY
COLLEEN GONZALEZ 03/08/21

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Account Number	58723600	Date	03/03/2021
Document Number	21790722	Terms	AR NET 30 DAYS
Pay This Amount Before	04/02/2021		\$105.58

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:

McKESSON MEDICAL SURGICAL
PO BOX 933027
ATLANTA GA 31193-3027

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087607
Vendor Name: McKesson Medical-Surgical Inc
Invoice Number: 21786162
Invoice Date: 03/03/21
PO Number: P0372625
Check Number: 0279163
Check Amount: \$ 4,833.30
Check Date: 04/13/2021
Department ID: 00258
Reviewer Name: Colleen Gonzalez
Voucher Number: V0664045
Redaction Type: None
Document Type: AP Invoice

Document Below

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[attachment: MMS_00002496_INV0021791744_MMGD001.PDF]
[attachment: MMS_00002497_INV0021792944_MMGD001.PDF]
[attachment: MMS_00002498_INV0021796944_MMGD001.PDF]

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Bill To: 58723600

Invoice

Page 1 of 1

RCHAP6519

Shipped From:

McKESSON MEDICAL-SURGICAL (ROGERS)
12999 WILFRED LANE STE #100
ROGERS, MN 55374
SHIPPED FROM LICENSE: 004.004068

Shipped To: 58723601

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: REP EMAIL
REGULATORY LICENSE: MMC_TEACHING

Payment / Account Balance Inquires 1-800-453-5180
Phone:

Customer Service Phone: 1-800-877-1919

Sales Order Number	98127955	Invoice Number	21786162
Sales Order Date	03/03/2021	Invoice Date	03/03/2021
PO Number	372625	Payment Due Date	04/02/2021
Sales Rep Name	COSS, KAREN A.	Invoice Amount	\$105.58

Notes: The complete Terms of Sale that apply to this purchase are located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. Customer is responsible for reviewing the Terms of Sale in full.

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
1044747	Vendor: MGM20 Vend Cat#: 20-2675N	GLOVE, SURG NPRN 7.5 STR2 SMTH PO LN 11	1	BX	1	105.58	105.58	.00	
Tracking # 1ZY8E8030318412161									
Shipped: 03/03/2021 From: Rogers Via: UPS GROUND									

SUB TOTAL	FREIGHT	TAX	AMOUNT
\$105.58	\$0.00	\$0.00	\$105.58

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor. In addition, the purchase of products hereunder may qualify customer for discounts on certain purchases made under a distribution agreement between customer and McKesson Corporation.

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INVOICE REVIEWED

OKAY TO PAY

Invoice

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

RCHAP6519

COLLEEN GONZALEZ 03/08/21

Account Number	58723600	Date	03/03/2021
Document Number	21786162	Terms	AR NET 30 DAYS
Pay This Amount Before		04/02/2021	\$105.58

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:

McKESSON MEDICAL SURGICAL
PO BOX 933027
ATLANTA GA 31193-3027

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087607
Vendor Name: McKesson Medical-Surgical Inc
Invoice Number: 21788832
Invoice Date: 03/03/21
PO Number: P0372625
Check Number: 0279163
Check Amount: \$ 4,833.30
Check Date: 04/13/2021
Department ID: 00258
Reviewer Name: Colleen Gonzalez
Voucher Number: V0664046
Redaction Type: None
Document Type: AP Invoice

Document Below

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[attachment: MMS_00002498_INV0021796944_MMGD001.PDF]

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Bill To: 58723600

Invoice

Page 1 of 2

RCHAP6519

Shipped From:

McKESSON MEDICAL-SURGICAL INC(CHICAGO)
300 AIRPORT ROAD UNIT 2
ELGIN,IL 60123
SHIPPED FROM LICENSE: 004.003700

Shipped To: 58723601

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: REP EMAIL
REGULATORY LICENSE: MMC_TEACHING

Payment / Account Balance Inquires 1-800-453-5180
Phone:

Customer Service Phone: 1-800-877-1919

Sales Order Number	98127955	Invoice Number	21788832
Sales Order Date	03/03/2021	Invoice Date	03/03/2021
PO Number	372625	Payment Due Date	04/02/2021
Sales Rep Name	COSS, KAREN A.	Invoice Amount	\$151.84

Notes: The complete Terms of Sale that apply to this purchase are located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. Customer is responsible for reviewing the Terms of Sale in full.

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Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
362546	Vendor: BDSURG Vend Cat#: 371163	SCRUBBRUSH/SPONGE, W/PCMX (30/ PO LN 3	2	BX	2	24.12	48.24	.00	
Tracking # 1ZR3X6020317151298 Shipped: 03/03/2021 From: Elgin Via: UPS GROUND									
1162051	Vendor: CYPRES Vend Cat#: 91-2004	MASK, PROC LOOPS ASTM1 (50/BX PO LN 7	6	BX	6	12.23	73.38	.00	
Tracking # 1ZR3X6020317151298 Shipped: 03/03/2021 From: Elgin Via: UPS GROUND									
237329	Vendor: MGM16 Vend Cat#: 40181100	CAP, BOUF LF SB 24" BLU (100/B PO LN 9	2	BX	2	15.11	30.22	.00	
Tracking # 1ZR3X6020317151298 Shipped: 03/03/2021 From: Elgin Via: UPS GROUND									

INVOICE REVIEWED

Invoice

RCHAP6519

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

OKAY TO PAY

Account Number	58723600	Date	03/03/2021
Invoice Number	21788832	Terms	AR NET 30 DAYS
Please Remit To:		Payment Due Date	04/02/2021
		Amount Due	\$151.84

COLLEEN GONZALEZ 03/08/21

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

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Please Remit To:
McKESSON MEDICAL SURGICAL
PO BOX 933027
ATLANTA GA 31193-3027

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Invoice

Page 2 of 2

RCHAP6519

Bill To: 58723600
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Shipped To:
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: REP EMAIL
REGULATORY LICENSE: MMC_TEACHING

Invoice Number 21788832	PO Number 372625	Invoice Date 03/03/2021
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Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
			SUB TOTAL		FREIGHT		TAX	AMOUNT	
			\$151.84		\$0.00		\$0.00	\$151.84	

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Invoice Number: 21792944
Invoice Date: 03/03/21
PO Number: P0372625
Check Number: 0279163
Check Amount: \$ 4,833.30
Check Date: 04/13/2021
Department ID: 00258
Reviewer Name: Colleen Gonzalez
Voucher Number: V0664047
Redaction Type: None
Document Type: AP Invoice

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[attachment: MMS_00002494_INV0021788832_MMGD001.PDF]
[attachment: MMS_00002495_INV0021790722_MMGD001.PDF]
[attachment: MMS_00002496_INV0021791744_MMGD001.PDF]
[attachment: MMS_00002497_INV0021792944_MMGD001.PDF]
[attachment: MMS_00002498_INV0021796944_MMGD001.PDF]

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Bill To: 58723600

Invoice

Page 1 of 1

RCHAP6519

Shipped From:

McKESSON MEDICAL-SURGICAL INC(URBANCREST)
3500 CENTERPOINT DRIVE STE A
URBANCREST, OH 43123
SHIPPED FROM LICENSE: 004.002791

Shipped To: 58723601

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: REP EMAIL
REGULATORY LICENSE: MMC_TEACHING

Payment / Account Balance Inquires 1-800-453-5180
Phone:

Customer Service Phone: 1-800-877-1919

Sales Order Number	98127955	Invoice Number	21792944
Sales Order Date	03/03/2021	Invoice Date	03/03/2021
PO Number	372625	Payment Due Date	04/02/2021
Sales Rep Name	COSS, KAREN A.	Invoice Amount	\$147.81

Notes: The complete Terms of Sale that apply to this purchase are located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. Customer is responsible for reviewing the Terms of Sale in full.

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
793188	Vendor: BD Vend Cat#: 2426-0007	VALVE, CHECK GEM 20DRP 2PC ML PO LN 1	1	CS	1	147.81	147.81	.00	

Tracking # 1Z4062300379539631

Shipped: 03/03/2021 From: Columbus Via: UPS GROUND

INVOICE REVIEWED

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor. In addition, the purchase of products hereunder may qualify customer for discounts on certain purchases made under a promotional agreement between customer and McKesson Corporation. **PRICING IS CONFIDENTIAL AND PROPRIETARY.**

OKAY TO PAY

COLLEEN GONZALEZ 03/08/21

Invoice

RCHAP6519

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Account Number	58723600	Date	03/03/2021
Document Number	21792944	Terms	AR NET 30 DAYS
Pay This Amount Before	04/02/2021		\$147.81

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:

McKESSON MEDICAL SURGICAL
PO BOX 933027
ATLANTA GA 31193-3027

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087607
Vendor Name: McKesson Medical-Surgical Inc
Invoice Number: 21796944
Invoice Date: 03/03/21
PO Number: P0372625
Check Number: 0279163
Check Amount: \$ 4,833.30
Check Date: 04/13/2021
Department ID: 00258
Reviewer Name: Colleen Gonzalez
Voucher Number: V0664048
Redaction Type: None
Document Type: AP Invoice

Document Below

From: MMS.Credit@McKesson.com <MMS.Credit@McKesson.com >
Sent: Thu Mar 04 07:20:49 CST 2021
To: invoicing@cod.edu
CC:
Subject: [External] McKesson Medical-Surgical Customer Invoice(s)

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[attachment: MMS_00002493_INV0021786162_MMGD001.PDF]
[attachment: MMS_00002494_INV0021788832_MMGD001.PDF]
[attachment: MMS_00002495_INV0021790722_MMGD001.PDF]
[attachment: MMS_00002496_INV0021791744_MMGD001.PDF]
[attachment: MMS_00002497_INV0021792944_MMGD001.PDF]
[attachment: MMS_00002498_INV0021796944_MMGD001.PDF]

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Invoice

Page 1 of 1

RCHAP6519

Bill To: 58723600

Shipped From:

McKESSON MEDICAL-SURGICAL INC (TEMPE)
7343-A SOUTH HARDY DRIVE
TEMPE, AZ 85283

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

APPROVED
03/18/21 - DILYSS GALLYOT

Shipped To: 58723601
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: REP EMAIL
REGULATORY LICENSE: MMC_TEACHING

Payment / Account Balance Inquires 1-800-453-5180
Phone:

Customer Service Phone: 1-800-877-1919

Sales Order Number	98127955	Invoice Number	21796944
Sales Order Date	03/03/2021	Invoice Date	03/03/2021
PO Number	372625	Payment Due Date	04/02/2021
Sales Rep Name	COSS, KAREN A.	Invoice Amount	\$312.42

Notes: The complete Terms of Sale that apply to this purchase are located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. Customer is responsible for reviewing the Terms of Sale in full.
Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
1151695	Vendor: BDSURG Vend Cat#: 930715	CHLORAPREP, HI-LITE ORG 10.51M POLN 5	2	CT	2	156.21	312.42	.00	
Tracking # 1ZE3F6220339062708									

Shipped: 03/03/2021 From: Phoenix Via: UPS GROUND

Subtotal	FREIGHT	TAX	AMOUNT
\$312.42	\$0.00	\$0.00	\$312.42

The prices on this invoice may be subject to update, credits and price adjustments. We are obligated to supply, disclose and properly reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor. In addition, the purchase of products hereunder may qualify customer for discounts on certain purchases made under a distribution agreement between customer and McKesson Corporation.
PRICES SHOWN IDENTICAL TO PRIMARY.

INVOICE REVIEWED
OKAY TO PAY
COLLEEN GONZALEZ 03/18/21

Invoice

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

RCHAP6519

Account Number	58723600	Date	03/03/2021
Document Number	21796944	Terms	AR NET 30 DAYS
Pay This Amount Before	04/02/2021		\$312.42

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:
McKESSON MEDICAL SURGICAL
PO BOX 933027
ATLANTA GA 31193-3027

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087607
Vendor Name: McKesson Medical-Surgical Inc
Invoice Number: 21791744
Invoice Date: 03/03/21
PO Number: P0372625
Check Number: 0279163
Check Amount: \$ 4,833.30
Check Date: 04/13/2021
Department ID: 00258
Reviewer Name: Colleen Gonzalez
Voucher Number: V0664049
Redaction Type: None
Document Type: AP Invoice

Document Below

From: MMS.Credit@McKesson.com <MMS.Credit@McKesson.com >
Sent: Thu Mar 04 07:20:49 CST 2021
To: invoicing@cod.edu
CC:
Subject: [External] McKesson Medical-Surgical Customer Invoice(s)

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[attachment: MMS_00002493_INV0021786162_MMGD001.PDF]
[attachment: MMS_00002494_INV0021788832_MMGD001.PDF]
[attachment: MMS_00002495_INV0021790722_MMGD001.PDF]
[attachment: MMS_00002496_INV0021791744_MMGD001.PDF]
[attachment: MMS_00002497_INV0021792944_MMGD001.PDF]
[attachment: MMS_00002498_INV0021796944_MMGD001.PDF]

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Invoice

Page 1 of 1

RCHAP6519

Bill To: 58723600

Shipped From:
MCKESSON MEDICAL-SURGICAL INC
885 PARAGON WAY
ROCK HILL, SC 29730
SHIPPED FROM LICENSE: 004.004951

COLLEGE OF DUPAGE

SHIPPING AND RECEIVING

425 FAWELL BLVD

GLEN ELLYN IL 60137-6708

APPROVED
03/12/21 - DILYSS GALLYOT

Shipped To: 58723601
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: REP EMAIL
REGULATORY LICENSE: MMC_TEACHING

Payment / Account Balance Inquires 1-800-453-5180
Phone:

Customer Service Phone: 1-800-877-1919

Sales Order Number	98127955	Invoice Number	21791744
Sales Order Date	03/03/2021	Invoice Date	03/03/2021
PO Number	372625	Payment Due Date	04/02/2021
Sales Rep Name	COSS, KAREN A.	Invoice Amount	\$64.02

Notes: The complete Terms of Sale that apply to this purchase are located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. Customer is responsible for reviewing the Terms of Sale in full.

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
1079087	Vendor: ASPPRE Vend Cat#: 15331	MASK, SURG W/EYESHLD TIES ASTM PO LN 8	3	BX	3	21.34	64.02	.00	
Tracking # 1ZY8E8050331822690									
Shipped: 03/03/2021 From: Charlotte Via: UPS GROUND									

SUB TOTAL	FREIGHT	TAX	AMOUNT
\$64.02	\$0.00	\$0.00	\$64.02

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor. In addition, the purchase of products hereunder may qualify customer for discounts on certain purchases made under a distribution agreement between customer and McKesson Corporation.

PRICING IS CONFIDENTIAL AND PROPRIETARY

INVOICE REVIEWED
OKAY TO PAY

Invoice

McKESSON
COLLEEN GONZALEZ 03/11/21

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Document Number	21791744	Date	03/03/2021
Terms	AR NET 30 DAYS		
Pay This Amount Before	04/02/2021	\$64.02	

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:
MCKESSON MEDICAL SURGICAL
PO BOX 933027
ATLANTA GA 31193-3027

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087607
Vendor Name: McKesson Medical-Surgical Inc
Invoice Number: 22191851
Invoice Date: 03/12/21
PO Number: P0372711
Check Number: 0279163
Check Amount: \$ 4,833.30
Check Date: 04/13/2021
Department ID: 00125
Reviewer Name: Jessica Lang
Voucher Number: V0665198
Redaction Type: None
Document Type: AP Invoice

Document Below

From: MMS.Credit@McKesson.com <MMS.Credit@McKesson.com >
Sent: Sat Mar 13 06:52:37 CST 2021
To: invoicing@cod.edu
CC:
Subject: [External] McKesson Medical-Surgical Customer Invoice(s)

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[attachment: MMS_00003374_INV0022212263_MMGD001.PDF]
[attachment: MMS_00003375_INV0022212310_MMGD001.PDF]

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Invoice

Page 1 of 2

RCHAP6519

Bill To: 58723600

Shipped From:
MCKESSON MEDICAL-SURGICAL INC
4250 PATRIOT DRIVE, STE 100
GRAPEVINE, TX 76051
SHIPPED FROM LICENSE: 004.001664

COLLEGE OF DU PAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Shipped To: 58723601
COLLEGE OF DU PAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: EMAIL
REGULATORY LICENSE: MMC_TEACHING

Payment / Account Balance Inquires 1-800-453-5180
Phone:

Customer Service Phone: 1-800-877-1919

Sales Order Number	99359235	Invoice Number	22191851
Sales Order Date	03/11/2021	Invoice Date	03/12/2021
PO Number	372711	Payment Due Date	04/11/2021
Sales Rep Name	COSS, KAREN A.	Invoice Amount	\$48.70

Notes: The complete Terms of Sale that apply to this purchase are located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. Customer is responsible for reviewing the Terms of Sale in full.

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
229615	Vendor: BD Vend Cat#: 365974	TUBE, MICROTAINER W/EDTA (50/B PO LN 1	2	CS	0	147.34	.00	.00	
373903	Vendor: BD Vend Cat#: 368608	NEEDLE, ECLIPSE BLD COLL 22GX1 PO LN 2	2	CS	0	211.03	.00	.00	
232794	Vendor: BD Vend Cat#: 367292	COLLECTION SET, BLD VAC 23GX3/ PO LN 3	1	CS	0	404.19	.00	.00	
415657	Vendor: BD Vend Cat#: 365963	TUBE, MICROTAINER W/O ADDITIVE PO LN 4	2	CS	0	144.78	.00	.00	
440508	Vendor: BD Vend Cat#: 365985	TUBE, MICROTAINER W/LIT HEP SE PO LN 5	2	CS	0	153.76	.00	.00	
766761	Vendor: VALUMX Vend Cat#: 3660MBXL	COAT, LAB KNEE LNTH EX-SAFE XL PO LN 6	5	PK	0	65.32	.00	.00	
766759	Vendor: VALUMX Vend Cat#: 3660MBL	COAT, LAB KNEE LNTH EX-SAFE LG PO LN 7	5	PK	0	65.32	.00	.00	
766760	Vendor: VALUMX Vend Cat#: 3660MBM	COAT, LAB KNEE LNTH EX-SAFE ME PO LN 8	5	PK	0	65.32	.00	.00	

Invoice

RCHAP6519

McKesson

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Account Number 58723600
Invoice Number 22191851
Terms

Date 03/12/2021
AR NET 30 DAYS

Pay This Amount Before 04/11/2021

\$48.70

COLLEGE OF DU PAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:
MCKESSON MEDICAL SURGICAL
PO BOX 933027
ATLANTA GA 31193-3027

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Invoice

Page 2 of 2

RCHAP6519

Bill To: 58723600
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Shipped To:
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: EMAIL
REGULATORY LICENSE: MMC_TEACHING

Invoice Number 22191851	PO Number 372711	Invoice Date 03/12/2021
-------------------------	------------------	-------------------------

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
827096	Vendor: VALUMX Vend Cat#: 3660MBS	COAT, STAFF LAB UNIV 5BUTTON 3 PO LN 9	5	PK	0	65.32	.00	.00	
356643	Vendor: BD Vend Cat#: 367203	TOURNIQUET, LTX FREE (25/BX OR PO LN 10	1	CS	0	199.85	.00	.00	
775481	Vendor: VWRINT Vend Cat#: 73000-077	DISPENSER, BLOOD DIFF-SAFE (10 PO LN 11	2	BG	2	24.35	48.70	.00	
Tracking # 1Z7E08560339450276									
Shipped: 03/12/2021 From: Dallas Via: UPS GROUND									

SUB TOTAL	FREIGHT	TAX	AMOUNT
\$48.70	\$0.00	\$0.00	\$48.70

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Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087607
Vendor Name: McKesson Medical-Surgical Inc
Invoice Number: 22212263
Invoice Date: 03/12/21
PO Number: P0372711
Check Number: 0279163
Check Amount: \$ 4,833.30
Check Date: 04/13/2021
Department ID: 00125
Reviewer Name: Jessica Lang
Voucher Number: V0665374
Redaction Type: None
Document Type: AP Invoice

Document Below

From: MMS.Credit@McKesson.com <MMS.Credit@McKesson.com >
Sent: Sat Mar 13 06:52:37 CST 2021
To: invoicing@cod.edu
CC:
Subject: [External] McKesson Medical-Surgical Customer Invoice(s)

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[attachment: MMS_00003374_INV0022212263_MMGD001.PDF]
[attachment: MMS_00003375_INV0022212310_MMGD001.PDF]

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Bill To: 58723600

Invoice

Page 1 of 1

RCHAP6519

Shipped From:

McKESSON MEDICAL-SURGICAL INC(CHICAGO)
300 AIRPORT ROAD UNIT 2
ELGIN,IL 60123
SHIPPED FROM LICENSE: 004.003700

Shipped To: 58723601

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: EMAIL
REGULATORY LICENSE: MMC_TEACHING

Payment / Account Balance Inquires 1-800-453-5180
Phone:

Customer Service Phone: 1-800-877-1919

COLLEGE OF DUPAGE

SHIPPING AND RECEIVING

425 FAWELL BLVD

GLEN ELLYN IL 60137-6708

APPROVED
03/16/21 - DILYSS GALLYOT

Sales Order Number	99359235	Invoice Number	22212263
Sales Order Date	03/11/2021	Invoice Date	03/12/2021
PO Number	372711	Payment Due Date	04/11/2021
Sales Rep Name	COSS, KAREN A.	Invoice Amount	\$621.91

Notes: The complete Terms of Sale that apply to this purchase are located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. Customer is responsible for reviewing the Terms of Sale in full.
Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
373903	Vendor: BD Vend Cat#: 368608	NEEDLE, ECLIPSE BLD COLL 22GX1 PO LN 2	2	CS	2	211.03	422.06	.00	
	Tracking # 1ZR3X6020317216414								
	Shipped: 03/12/2021 From: Elgin Via: UPS GROUND								
356643	Vendor: BD Vend Cat#: 367203	TOURNIQUET, LTX FREE (25/BX OR PO LN 10	1	CS	1	199.85	199.85	.00	
	Tracking # 1ZR3X6020317216414								
	Shipped: 03/12/2021 From: Elgin Via: UPS GROUND								

SUB TOTAL	FREIGHT	TAX	AMOUNT
\$621.91	\$0.00	\$0.00	\$621.91

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PRICING IS CONFIDENTIAL AND PROPRIETARY.

Invoice

RCHAP6519

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Account Number	58723600	Date	03/12/2021
Document Number	22212263	Terms	AR NET 30 DAYS
Pay This Amount Before	04/11/2021		\$621.91

INVOICE REVIEWED
OKAY TO PAY
JESSICA LANG 03/15/21

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To
McKESSON MEDICAL SURGICAL
PO BOX 933027
ATLANTA GA 31193-3027

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087607
Vendor Name: McKesson Medical-Surgical Inc
Invoice Number: 22212310
Invoice Date: 03/12/21
PO Number: P0372711
Check Number: 0279163
Check Amount: \$ 4,833.30
Check Date: 04/13/2021
Department ID: 00125
Reviewer Name: Jessica Lang
Voucher Number: V0665375
Redaction Type: None
Document Type: AP Invoice

Document Below

From: MMS.Credit@McKesson.com <MMS.Credit@McKesson.com >
Sent: Sat Mar 13 06:52:37 CST 2021
To: invoicing@cod.edu
CC:
Subject: [External] McKesson Medical-Surgical Customer Invoice(s)

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Thank you.

[attachment: MMS_00003373_INV0022191851_MMGD001.PDF]
[attachment: MMS_00003374_INV0022212263_MMGD001.PDF]
[attachment: MMS_00003375_INV0022212310_MMGD001.PDF]

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Invoice

Page 1 of 2

RCHAP6519

Bill To: 58723600

Shipped From:
MCKESSON MEDICAL-SURGICAL INC(KANSAS CTY
1405 N. CHOUTEAU
KANSAS CITY,MO 64120
SHIPPED FROM LICENSE: 004.001745

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Shipped To: 58723601
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: EMAIL
REGULATORY LICENSE: MMC_TEACHING

Payment / Account Balance Inquires 1-800-453-5180
Phone:

Customer Service Phone: 1-800-877-1919

Sales Order Number	99359235	Invoice Number	22212310
Sales Order Date	03/11/2021	Invoice Date	03/12/2021
PO Number	372711	Payment Due Date	04/11/2021
Sales Rep Name	COSS, KAREN A.	Invoice Amount	\$843.65

Notes: The complete Terms of Sale that apply to this purchase are located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. Customer is responsible for reviewing the Terms of Sale in full.

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
229615	Vendor: BD Vend Cat#: 365974	TUBE, MICROTAINER W/EDTA (50/B PO LN 1	2	CS	2	147.34	294.68	.00	
	Tracking # 1Z2R57A30359188312	1Z2R57A30359195555							
	Shipped: 03/12/2021	From: Kansas City Via: UPS GROUND							
232794	Vendor: BD Vend Cat#: 367292	COLLECTION SET, BLD VAC 23GX3/ PO LN 3	1	CS	1	404.19	404.19	.00	
	Tracking # 1Z2R57A30359182461								
	Shipped: 03/12/2021	From: Kansas City Via: UPS GROUND							
415657	Vendor: BD Vend Cat#: 365963	TUBE, MICROTAINER W/O ADDITIVE PO LN 4	1	CS	1	144.78	144.78	.00	
	Tracking # 1Z2R57A30359181926								
	Shipped: 03/12/2021	From: Kansas City Via: UPS GROUND							

INVOICE REVIEWED

Invoice

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

OKAY TO PAY

RCHAP6519

Account Number	58723600	Date	03/12/2021
Document Number	22212310	Term	AR NET 30 DAYS
Pay This Amount Before	04/11/2021		\$843.65

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:
MCKESSON MEDICAL SURGICAL
PO BOX 933027
ATLANTA GA 31193-3027

APPROVED

03/16/21 - DILYSS GALLYOT

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Invoice

Page 2 of 2

RCHAP6519

Bill To: 58723600
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Shipped To:
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: EMAIL
REGULATORY LICENSE: MMC_TEACHING

Invoice Number 22212310	PO Number 372711	Invoice Date 03/12/2021
-------------------------	------------------	-------------------------

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
			SUB TOTAL		FREIGHT		TAX	AMOUNT	
			\$843.65		\$0.00		\$0.00	\$843.65	

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor. In addition, the purchase of products hereunder may qualify customer for discounts on certain purchases made under a distribution agreement between customer and McKesson Corporation.
PRICING IS CONFIDENTIAL AND PROPRIETARY.

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087607
Vendor Name: McKesson Medical-Surgical Inc
Invoice Number: 22259323
Invoice Date: 03/15/21
PO Number: P0372711
Check Number: 0279163
Check Amount: \$ 4,833.30
Check Date: 04/13/2021
Department ID: 00125
Reviewer Name: Jessica Lang
Voucher Number: V0665423
Redaction Type: None
Document Type: AP Invoice

Document Below

From: MMS.Credit@McKesson.com <MMS.Credit@McKesson.com >
Sent: Tue Mar 16 06:39:59 CDT 2021
To: invoicing@cod.edu
CC:
Subject: [External] McKesson Medical-Surgical Customer Invoice(s)

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[attachment: MMS_00001181_INV0022259323_MMGD001.PDF]
[attachment: MMS_00001182_INV0022269042_MMGD001.PDF]

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Invoice

Page 1 of 1

RCHAP6519

Bill To: 58723600

Shipped From:
MCKESSON MEDICAL-SURGICAL INC(KANSAS CTY
1405 N. CHOUTEAU
KANSAS CITY,MO 64120
SHIPPED FROM LICENSE: 004.001745

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

APPROVED
03/16/21 - DILYSS GALLYOT

Shipped To: 58723601
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: EMAIL
REGULATORY LICENSE: MMC_TEACHING

Payment / Account Balance Inquires 1-800-453-5180
Phone:

Customer Service Phone: 1-800-877-1919

Sales Order Number	99359235	Invoice Number	22259323
Sales Order Date	03/11/2021	Invoice Date	03/15/2021
PO Number	372711	Payment Due Date	04/14/2021
Sales Rep Name	COSS, KAREN A.	Invoice Amount	\$153.76

Notes: The complete Terms of Sale that apply to this purchase are located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. Customer is responsible for reviewing the Terms of Sale in full.

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
440508	Vendor: BD Vend Cat#: 365985	TUBE, MICROTAINER W/LIT HEP SE PO LN 5	1	CS	1	153.76	153.76	.00	
Tracking # 1Z2R57A30359203269									
Shipped: 03/15/2021 From: Kansas City Via: UPS GROUND									

SUB TOTAL	FREIGHT	TAX	AMOUNT
\$153.76	\$0.00	\$0.00	\$153.76

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor. In addition, the purchase of products hereunder may qualify customer for discounts on certain purchases made under a distribution agreement between customer and McKesson Corporation.

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INVOICE REVIEWED
OKAY TO PAY

Invoice

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

RCHAP6519

Account Number	58723600	Date	03/15/2021
Document Number	22259323	Terms	AR NET 30 DAYS
Pay This Amount Before	04/14/2021		\$153.76

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:
MCKESSON MEDICAL SURGICAL
PO BOX 933027
ATLANTA GA 31193-3027

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087607
Vendor Name: McKesson Medical-Surgical Inc
Invoice Number: 22289042
Invoice Date: 03/16/21
PO Number: P0372625
Check Number: 0279163
Check Amount: \$ 4,833.30
Check Date: 04/13/2021
Department ID: 00258
Reviewer Name: Colleen Gonzalez
Voucher Number: V0665428
Redaction Type: None
Document Type: AP Invoice

Document Below

From: Barrios, Isabel <barriosi142@cod.edu>
Sent: Tue Mar 16 11:09:07 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Attached Document

[attachment: 321Z53H_04VQSJ81V0038L3.tif]

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Bill To: 58723600

Invoice

Page 1 of 1

RCHAP6519

Shipped From:
MCKESSON MEDICAL-SURGICAL INC(CHICAGO)
300 AIRPORT ROAD UNIT 2
ELGIN,IL 60123
SHIPPED FROM LICENSE: 004.003700

Shipped To: 58723601
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: REP EMAIL
REGULATORY LICENSE: MMC_TEACHING

Payment / Account Balance Inquires 1-800-453-5180
Phone:

Customer Service Phone: 1-800-877-1919

Sales Order Number	98127955	Invoice Number	22269042
Sales Order Date	03/03/2021	Invoice Date	03/15/2021
PO Number	372625	Payment Due Date	04/14/2021
Sales Rep Name	COSS, KAREN A.	Invoice Amount	\$344.61

Notes: The complete Terms of Sale that apply to this purchase are located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. Customer is responsible for reviewing the Terms of Sale in full.
Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
1010171	Vendor: SALTBL Vend Cat#: ZIT-1002-10	INFUSOR, PRESSURE DISP W/THUMB PO LN 12	3	CS	3	114.87	344.61	.00	
Tracking # 1ZR3X6020317226118									
Shipped: 03/15/2021 From: Elgin Via: UPS GROUND									

SUB TOTAL	FREIGHT	TAX	AMOUNT
\$344.61	\$0.00	\$0.00	\$344.61

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Invoice

RCHAP6519

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Account Number	58723600	Date	03/15/2021
Document Number	22269042	Terms	AR NET 30 DAYS
Pay This Amount Before	04/14/2021		\$344.61

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:
MCKESSON MEDICAL SURGICAL
PO BOX 933027
ATLANTA GA 31193-3027

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087607
Vendor Name: McKesson Medical-Surgical Inc
Invoice Number: 22314088
Invoice Date: 03/16/21
PO Number: P0372711
Check Number: 0279163
Check Amount: \$ 4,833.30
Check Date: 04/13/2021
Department ID: 00125
Reviewer Name: Jessica Lang
Voucher Number: V0665495
Redaction Type: None
Document Type: AP Invoice

Document Below

From: MMS.Credit@McKesson.com <MMS.Credit@McKesson.com >
Sent: Wed Mar 17 07:18:28 CDT 2021
To: invoicing@cod.edu
CC:
Subject: [External] McKesson Medical-Surgical Customer Invoice(s)

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[attachment: MMS_00002173_INV0022314088_MMGD001.PDF]

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Invoice

Page 1 of 1

RCHAP6519

Bill To: 58723600

Shipped From:
MCKESSON MEDICAL-SURGICAL INC(KANSAS CTY
1405 N. CHOUTEAU
KANSAS CITY,MO 64120
SHIPPED FROM LICENSE: 004.001745

COLLEGE OF DUPAGE

SHIPPING AND RECEIVING

425 FAWELL BLVD

GLEN ELLYN IL 60137-6708

Shipped To: 58723601
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: EMAIL
REGULATORY LICENSE: MMC_TEACHING

Payment / Account Balance Inquires 1-800-453-5180
Phone:

Customer Service Phone: 1-800-877-1919

APPROVED
03/17/21 - DILYSS GALLYOT

Sales Order Number	99359235	Invoice Number	22314088
Sales Order Date	03/11/2021	Invoice Date	03/16/2021
PO Number	372711	Payment Due Date	04/15/2021
Sales Rep Name	COSS, KAREN A.	Invoice Amount	\$144.78

Notes: The complete Terms of Sale that apply to this purchase are located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. Customer is responsible for reviewing the Terms of Sale in full.

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
415657	Vendor: BD Vend Cat#: 365963	TUBE, MICROTAINTER W/O ADDITIVE PO LN 4	1	CS	1	144.78	144.78	.00	
Shipped: 03/16/2021 From: Kansas City Via: UPS GROUND									

SUB TOTAL	FREIGHT	TAX	AMOUNT
\$144.78	\$0.00	\$0.00	\$144.78

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INVOICE REVIEWED
OKAY TO PAY

Invoice

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

RCHAP6519

Account Number	58723600	Date	03/16/2021
Document Number	22314088	Terms	AR NET 30 DAYS
Pay This Amount Before	04/15/2021		\$144.78

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:
MCKESSON MEDICAL SURGICAL
PO BOX 933027
ATLANTA GA 31193-3027

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087607
Vendor Name: McKesson Medical-Surgical Inc
Invoice Number: 22400915
Invoice Date: 03/17/21
PO Number: P0372711
Check Number: 0279163
Check Amount: \$ 4,833.30
Check Date: 04/13/2021
Department ID: 00125
Reviewer Name: Jessica Lang
Voucher Number: V0665560
Redaction Type: None
Document Type: AP Invoice

Document Below

From: MMS.Credit@McKesson.com <MMS.Credit@McKesson.com >
Sent: Thu Mar 18 06:55:52 CDT 2021
To: invoicing@cod.edu
CC:
Subject: [External] McKesson Medical-Surgical Customer Invoice(s)

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[attachment: MMS_00000096_INV0022400915_MMGD001.PDF]

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Invoice

Page 1 of 2

RCHAP6519

Bill To: 58723600

Shipped From:

McKESSON MEDICAL-SURGICAL INC(CHICAGO)
300 AIRPORT ROAD UNIT 2
ELGIN,IL 60123
SHIPPED FROM LICENSE: 004.003700

Shipped To: 58723601

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: EMAIL
REGULATORY LICENSE: MMC_TEACHING

Payment / Account Balance Inquires 1-800-453-5180
Phone:

Customer Service Phone: 1-800-877-1919

Sales Order Number	99359235	Invoice Number	22400915
Sales Order Date	03/11/2021	Invoice Date	03/17/2021
PO Number	372711	Payment Due Date	04/16/2021
Sales Rep Name	COSS, KAREN A.	Invoice Amount	\$1,306.40

Notes: The complete Terms of Sale that apply to this purchase are located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. Customer is responsible for reviewing the Terms of Sale in full.
Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
766761	Vendor: VALUMX Vend Cat#: 3660MBXL	COAT, LAB KNEE LNTH EX-SAFE XL PO LN 6	5	PK	5	65.32	326.60	.00	
	Tracking # 1ZR3X6020317249451	1ZR3X6020317249488							
	Shipped: 03/17/2021	From: Elgin Via: UPS GROUND							
766759	Vendor: VALUMX Vend Cat#: 3660MBL	COAT, LAB KNEE LNTH EX-SAFE LG PO LN 7	5	PK	5	65.32	326.60	.00	
	Tracking # 1ZR3X6020317249291								
	Shipped: 03/17/2021	From: Elgin Via: UPS GROUND							
766760	Vendor: VALUMX Vend Cat#: 3660MBM	COAT, LAB KNEE LNTH EX-SAFE ME PO LN 8	5	PK	5	65.32	326.60	.00	
	Tracking # 1ZR3X6020317249335								
	Shipped: 03/17/2021	From: Elgin Via: UPS GROUND							
827096	Vendor: VALUMX Vend Cat#: 3660MBS	COAT, STAFF LAB UNIV 5BUTTON 3 PO LN 9	5	PK	5	65.32	326.60	.00	
	Tracking # 1ZR3X6020317249488								

Invoice

RCHAP6519

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Account Number	58723600	Date	03/17/2021
Document Number	22400915	Terms	AR NET 30 DAYS
Pay This Amount Before	04/16/2021		\$1,306.40

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

McKESSON MEDICAL SURGICAL
PO BOX 933027
ATLANTA GA 31193-3027

INVOICE REVIEWED
OKAY TO PAY
JESSICA LANG 03/18/21

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Invoice

Page 2 of 2

RCHAP6519

Bill To: 58723600
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Shipped To:
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: EMAIL
REGULATORY LICENSE: MMC_TEACHING

Invoice Number 22400915	PO Number 372711	Invoice Date 03/17/2021
-------------------------	------------------	-------------------------

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
Shipped: 03/17/2021 From: Elgin Via: UPS GROUND									

SUB TOTAL	FREIGHT	TAX	AMOUNT
\$1,306.40	\$0.00	\$0.00	\$1,306.40

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor. In addition, the purchase of products hereunder may qualify customer for discounts on certain purchases made under a distribution agreement between customer and McKesson Corporation.

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Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087607
Vendor Name: McKesson Medical-Surgical Inc
Invoice Number: 22729885
Invoice Date: 03/25/21
PO Number: P0372711
Check Number: 0279163
Check Amount: \$ 4,833.30
Check Date: 04/13/2021
Department ID: 00125
Reviewer Name:
Voucher Number: V0666205
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: MMS.Credit@McKesson.com <MMS.Credit@McKesson.com >
Sent: Fri Mar 26 06:52:06 CDT 2021
To: invoicing@cod.edu
CC:
Subject: [External] McKesson Medical-Surgical Customer Invoice(s)

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Thank you.

[attachment: MMS_00004740_INV0022729885_MMGD001.PDF]

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Bill To: 58723600

Invoice

Page 1 of 1

RCHAP6519

Shipped From:
MCKESSON MEDICAL-SURGICAL INC(KANSAS CTY
1405 N. CHOUTEAU
KANSAS CITY,MO 64120
SHIPPED FROM LICENSE: 004.001745

Shipped To: 58723601
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: EMAIL
REGULATORY LICENSE: MMC_TEACHING

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

3 WAY MATCH

Payment / Account Balance Inquires 1-800-453-5180
Phone:

Customer Service Phone: 1-800-877-1919

Sales Order Number	99359235	Invoice Number	22729885
Sales Order Date	03/11/2021	Invoice Date	03/25/2021
PO Number	372711	Payment Due Date	04/24/2021
Sales Rep Name	COSS, KAREN A.	Invoice Amount	\$153.76

Notes: The complete Terms of Sale that apply to this purchase are located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. Customer is responsible for reviewing the Terms of Sale in full.

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
440508	Vendor: BD Vend Cat#: 365985	TUBE, MICROTAINER W/LIT HEP SE PO LN 5	1	CS	1	153.76	153.76	.00	
Shipped: 03/25/2021 From: Kansas City Via: UPS GROUND									

SUB TOTAL	FREIGHT	TAX	AMOUNT
\$153.76	\$0.00	\$0.00	\$153.76

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor. In addition, the purchase of products hereunder may qualify customer for discounts on certain purchases made under a distribution agreement between customer and McKesson Corporation.

PRICING IS CONFIDENTIAL AND PROPRIETARY.

Invoice

RCHAP6519

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Account Number	58723600	Date	03/25/2021
Document Number	22729885	Terms	AR NET 30 DAYS
Pay This Amount Before	04/24/2021		\$153.76

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:
MCKESSON MEDICAL SURGICAL
PO BOX 933027
ATLANTA GA 31193-3027

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087607
Vendor Name: McKesson Medical-Surgical Inc
Invoice Number: 22891022
Invoice Date: 03/30/21
PO Number: P0372625
Check Number: 0279163
Check Amount: \$ 4,833.30
Check Date: 04/13/2021
Department ID: 00258
Reviewer Name: Colleen Gonzalez
Voucher Number: V0670921
Redaction Type: None
Document Type: AP Invoice

Document Below

From: MMS.Credit@McKesson.com <MMS.Credit@McKesson.com >
Sent: Wed Mar 31 06:55:53 CDT 2021
To: invoicing@cod.edu
CC:
Subject: [External] McKesson Medical-Surgical Customer Invoice(s)

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Thank you.

[attachment: MMS_00004423_INV0022891022_MMGD001.PDF]

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Invoice

Page 1 of 1

RCHAP6519

Bill To: 58723600

Shipped From:

McKESSON MEDICAL-SURGICAL INC.
401 GILLS DRIVE SUITE 100
ORLANDO, FL 32824

Shipped To: 58723601

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Ordered By: REP EMAIL

REGULATORY LICENSE: MMC_TEACHING

Payment / Account Balance Inquires 1-800-453-5180
Phone:

Customer Service Phone: 1-800-877-1919

Sales Order Number	98127955	Invoice Number	22891022
Sales Order Date	03/03/2021	Invoice Date	03/30/2021
PO Number	372625	Payment Due Date	04/29/2021
Sales Rep Name	COSS, KAREN A.	Invoice Amount	\$15.71

Notes: The complete Terms of Sale that apply to this purchase are located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. Customer is responsible for reviewing the Terms of Sale in full.

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
414624	Vendor: CARDCV Vend Cat#: 1181200777	SYRINGE, LL TIP 12CC (80/BX/6B PO LN 2	1	BX	1	15.71	15.71	.00	
Tracking # 1Z25X6730317254323									
Shipped: 03/30/2021 From: Orlando Via: UPS GROUND									

SUB TOTAL	FREIGHT	TAX	AMOUNT
\$15.71	\$0.00	\$0.00	\$15.71

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PRICING IS CONFIDENTIAL AND PROPRIETARY.

Invoice

RCHAP6519

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Account Number	58723600	Date	03/30/2021
Document Number	22891022	AR NET 30 DAYS	
Pay This Amount Before	04/29/2021	\$15.71	

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:

McKesson Medical-Surgical
PO BOX 93027
ATLANTA GA 31193-3027

INVOICE REVIEWED
OKAY TO PAY
COLLEEN GONZALEZ 04/05/21