

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087485  
Vendor Name: Medline Industries, Inc.  
Invoice Number: 1944834199  
Invoice Date: 03/13/21  
PO Number: P0372720  
Check Number: 0279165  
Check Amount: \$ 384.26  
Check Date: 04/13/2021  
Department ID: 00225  
Reviewer Name:  
Voucher Number: V0665200  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

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From: CustomerInvoices@medline.com <CustomerInvoices@medline.com >  
Sent: Sat Mar 13 04:01:08 CST 2021  
To: invoicing@cod.edu  
CC:  
Subject: [External] Medline Invoices 1070839  
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CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Attached are Medline invoice/s.

[attachment: 1944834199.PDF]



www.medline.com

# INVOICE

Customer PO #	Invoice Date	Invoice #
372720	03/13/2021	1944834199

**Sold To:**

**3 WAY MATCH**  
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		523589644		MTRN PARCEL		MEDLINE		1070839		USD		\$266.18	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT		

10	2.00	CS	2.00	MDS193075	TE	8033406943	88.09	176.18
/GLOVE, EXAM, VINYL, ULTRA, PF, LF, MD								

HCPCS Code #: A4927

20	1.00	CS	1.00	IND514	TE	8033406943	90.00	90.00
/GLOVE, NON MEDICAL, VINYL, PF, 130CT, XL								

<b>GROSS</b>	<b>TAX AMOUNT</b>	<b>FREIGHT</b>	<b>TOTAL</b>
266.18	0.00	0.00	\$266.18

Eligible Gross Amount \$266.18

Discount amount \$2.66 if recd. by 03/23/21

\*\* 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.

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 MEDICAL 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>	1944834199
<b>Invoice Date</b>	03/13/2021
<b>Sales Rep #</b>	3531
<b>Payment Terms</b>	1% 10, Net 45
<b>Amount Due</b>	\$266.18

**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: 1946183535  
Invoice Date: 03/26/21  
PO Number: P0372720  
Check Number: 0279165  
Check Amount: \$ 384.26  
Check Date: 04/13/2021  
Department ID: 00225  
Reviewer Name: Adrianna Costello  
Voucher Number: V0666192  
Redaction Type: None  
Document Type: AP Invoice

Document Below

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From: CustomerInvoices@medline.com <CustomerInvoices@medline.com >  
Sent: Fri Mar 26 04:32:17 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: [External] Medline Invoices 1070839  
-----

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Attached are Medline invoice/s.

[attachment: 1946183535.PDF]



www.medline.com

# INVOICE

Customer PO #	Invoice Date	Invoice #
372720	03/26/2021	1946183535

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**  
**04/01/21 - LISA STOCK**

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3531		523589644		FEDEX GROUND		MEDLINE		1070839		USD		\$118.08	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT		

30	1.00	CS	1.00	NON27513	TE	8034977425	118.08	118.08
/NO CANCEL/RETURN, MASK, FACE, LVL2 FR, ERLP								

<b>GROSS</b>	<b>TAX AMOUNT</b>	<b>FREIGHT</b>	<b>TOTAL</b>
118.08	0.00	0.00	\$118.08

Eligible Gross Amount \$118.08

Discount amount \$1.18 if recd. by 04/05/21

\*\* Special Ship-To

\* Code

TE - Tax Exempt

C - Customer Freight

## INVOICE REVIEWED

## OKAY TO PAY

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: 800-807-8888)

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 #	1946183535
Invoice Date	03/26/2021
Sales Rep #	3531
Payment Terms	1% 10, Net 45
Amount Due	\$118.08

Remit To:

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

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

Detach and return this portion with your payment