

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1179478

Vendor Name: P&G Oral Health

Invoice Number: 1106188316

Invoice Date: 03/22/21

PO Number: B0371212

Check Number: 0279196

Check Amount: \$ 325.71

Check Date: 04/13/2021

Department ID: 00153

Reviewer Name: Jessica Lang

Voucher Number: V0666201

Redaction Type: None

Document Type: AP Invoice

Document Below

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From: Conley, Cynthia <fiske@cod.edu>  
Sent: Thu Mar 25 08:14:43 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: Attached Image  
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[attachment: 0060\_001.pdf]



## INVOICE

1 of 2

The Procter & Gamble Distributing LLC  
d/b/a P&G Oral Health  
24808 Network Place  
Chicago, IL 60673-1248  
Phone: 800-543-2577  
Fax: 800-201-1840

Customer Account No.: 2003012078  
Ref Account No.: 1569792  
Invoice No.: 1106188316  
Invoice Date: 03/22/2021  
Order No.: 2055657135  
Ref Order No.: 2000977281  
Customer P.O. No.: BO 371-212  
Due Date: 04/21/2021  
Terms: Net within 30 days - Cash  
in Bank

Bill To: 2003012078

ATTN: SHIPPING & RECEIVING  
COLLEGE OF DUPAGE

425 FAWELL BLVD

HSC ROOM 1122

GLEN ELLYN IL 60137-6708

**APPROVED****03/29/21 - LISA STOCK**

Ship To: 2003012078

ATTN: SHIPPING &amp; RECEIVING

COLLEGE OF DUPAGE

425 FAWELL BLVD

HSC ROOM 1122

GLEN ELLYN IL 60137-6708

Material	Description	UPC (Item)	Quantity	Unit Type	Price (\$)	Amount (\$)
84837276	GL OB PH DEEP CLN 4M MASTER CASE 1 Box of 72 Items	20037000143028	4	Box	\$ 18.36	\$ 73.44
80304917	OB CrossAction ER Refill, 1pk 1 Box of 6 Items	30069055125183	2	Box	\$ 26.94	\$ 53.88
84843394	GL OB PH ORIG 4M MINI-LIVING HING MSR 1 Box of 72 Items	20037000142991	2	Box	\$ 18.36	\$ 36.72
80282491	OB Glide PH Advanced FLS 4M 1 Box of 72 Items	20037000299749	2	Box	\$ 18.36	\$ 36.72
84860306	OB SATIN 10 YD MINT BLS 1 Case of 144 Items	10068305641264	1	Case	\$ 26.00	\$ 26.00
80342119	CMW 3DW Glam White 946mL/6ct 1 Case of 6 Items	10037000089879	1	Case	\$ 25.99	\$ 25.99
80302454	Crest 3DWhite Brilliance 36ml 1 Case of 48 Items	10037000734878	4	Case	\$ 18.24	\$ 72.96

PLEASE RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT

**INVOICE REVIEWED**

\*\*SEE BACK FOR OUR PRODUCT RETURN POLICY\*\*

\*\*\*YOU WILL NOT RECEIVE A STATEMENT. PLEASE USE THIS REMITTANCE SLIP.\*\*\*

Save a stamp! You can now pay online (eCheck, Visa, Mastercard, American Express, Discover). Go to <https://www.crestoralbproshop.com> and click the "Pay an existing invoice" button to login/checkout!**OKAY TO PAY**

Customer Account No.: 2003012078

Invoice No.: 1106188316  
Due Date: 04/21/2021**JESSICA LANG 03/26/21**REMITTANCE ADDRESS:  
P&G Oral Health  
24808 Network Place  
Chicago, IL 60673-1248Payment Amount: \_\_\_\_\_  
Check in Bank by Due DatePlease make check payable to Procter and Gamble Distributing  
Company and include invoice number on your check.

Thank you for recommending Crest pastes and Oral-B electric and manual brushes.