

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089387  
Vendor Name: School Health Corporation  
Invoice Number: 3883151-01  
Invoice Date: 03/05/21  
PO Number: P0372475  
Check Number: 0279218  
Check Amount: \$ 311.57  
Check Date: 04/13/2021  
Department ID: 17100  
Reviewer Name:  
Voucher Number: V0665490  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below



We Supply Your Future™

School Health Corporation  
5600 Apollo Drive  
Rolling Meadows, Illinois 60008  
P(866)323-5465 | F(800)235-1305  
schoolhealth.com

## INVOICE

AMOUNT DUE	INVOICE DATE	INVOICE NO.
56.97	03/05/21	3883151-01
P.O. NO.		PAGE #
372475		1

Cust #: 241  
Attn: BROM, TED  
Ship To: COLLEGE OF DUPAGE  
SHIPPING AND RECEIVING  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6708

**3 WAY MATCH**

Bill To: COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6708

Remit To: School Health Corporation  
6764 Eagle Way  
Chicago, IL 60678-1067

INSTRUCTIONS				SHIP POINT		VIA			TERMS	
				SCHOOL HEALTH		UPS GROUND			NET 30	
LN	ITEM AND DESCRIPTION			ORDERED	BACKORDERED	SHIPPED	UOM	PRICE	EXTENDED PRICE	

There is a mfg delay of item #21324, Gloves Exam Vinyl Premium PF S SH, 100/bx. We apologize that we do not have a comparable item at this time. Please call our Customer Care department toll-free at 1-866-323-5465 with any questions. We apologize for this inconvenience and appreciate your business.

6	21324	3	0	3	BX	18.99	56.97
GLOVES EXAM VINYL PREMIUM PF S SH 100/BX							
Tracking #: 1Z6F9A520366939000							

1 Lines Total	Qty Shipped Total	3	Subtotal	56.97
			Invoice Total	56.97

Tax ID Number: 36-2425385

-----  
From: Zerrudo, Maria <zerrudom@cod.edu>  
Sent: Wed Mar 17 12:27:22 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: Attached Image  
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[attachment: 0131\_001.pdf]

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089387  
Vendor Name: School Health Corporation  
Invoice Number: 3882717-01  
Invoice Date: 03/12/21  
PO Number: P0372459  
Check Number: 0279218  
Check Amount: \$ 311.57  
Check Date: 04/13/2021  
Department ID: 65007  
Reviewer Name:  
Voucher Number: V0666104  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below



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School Health Corporation  
5600 Apollo Drive  
Rolling Meadows, Illinois 60008  
P(866)323-5465 | F(800)235-1305  
schoolhealth.com

## INVOICE

AMOUNT DUE	INVOICE DATE	INVOICE NO.
254.60	03/12/21	3882717-01
P.O. NO.		PAGE #
372459		1

Cust #: 241  
Attn: TRISHA AUGUSTYN/SLEA  
Ship To: COLLEGE OF DUPAGE  
SHIPPING AND RECEIVING  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6708

Remit To: School Health Corporation  
6764 Eagle Way  
Chicago, IL 60678-1067

Bill To: COLLEGE OF DUPAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6708

**3 WAY MATCH**

INSTRUCTIONS			SHIP POINT		VIA		TERMS	
DEL M-F 7:30am - 3:30pm			SCHOOL HEALTH		UPS GROUND		NET 30	
LN	ITEM AND DESCRIPTION	ORDERED	BACKORDERED	SHIPPED	UOM	PRICE	EXTENDED PRICE	
There is a mfg delay of item #21527, Gloves Exam Nitrile Purple PF M Safeskin, 250/bx. We apologize that we do not have a comparable item at this time. Please call our Customer Care department toll-free at 1-866-323-5465 with any questions. We apologize for this inconvenience and appreciate your business.								
2	21527	4	0	4	BX	63.02	252.08	
GLOVES EXAM NITRILE PURP LE PF M SAFESKIN 250/BX								
Tracking #: 1Z6F9A520329076128								
1 Lines Total		Qty Shipped Total		4	Subtotal		252.08	
						Freight	2.52	
						Invoice Total	254.60	

Tax ID Number: 36-2425385

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From: Cruse, Bethany <cruseb199@cod.edu>  
Sent: Wed Mar 24 10:47:51 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: Attached Image  
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[attachment: 0166\_001.pdf]