

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1089219  
Vendor Name: Sunstar Butler  
Invoice Number: 723946  
Invoice Date: 03/26/21  
PO Number: B0370876  
Check Number: E0084191  
Check Amount: \$ 61.75  
Check Date: 04/13/2021  
Department ID: 00153  
Reviewer Name: Jessica Lang  
Voucher Number: V0671847  
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**

Invoice No		Invoice Date		Page	
723946		3/26/21		1	
Purchase Order Number	Customer Acct.	Sales#	Terms	Phone	Ship Via
BO 370-876	59709	123	NET 30 DAYS		U11
					Order No
					790065

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		611PF	DZ	Step: 3 CUSTOM CARE GUM, PROXABRUSH 1-HANDLE, PRO	8.80	52.80
ORDER VERIFIED sg 3/25/2021							
FRIED NEW Old Cola							
Frighn & arlin							8.95
<div> <div>INVOICE REVIEWED</div> <div>OKAY TO PAY</div> <div>JESSICA LANG 04/12/21</div> <div>APPROVED</div> <div>04/12/21 - LISA STOCK</div> </div>							
PLEASE PAY FROM THIS INVOICE						18% SERVICE CHARGE	.00
						ADDED AFTER 30 DAYS	
						18% ANNUALLY	
						Total Invoice	61.75
						Paid In Advance	.00
						Amount Due	61.75

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	723946	3/26/21	61.75

Original Invoice



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From: Zerrudo, Maria <zerrudom@cod.edu>  
Sent: Wed Apr 07 13:02:52 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: Attached Image  
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[attachment: 0261\_001.pdf]