

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087485  
Vendor Name: Medline Industries, Inc.  
Invoice Number: 1955202745  
Invoice Date: 06/14/21  
PO Number: P0373794  
Check Number: 0282320  
Check Amount: \$ 133.06  
Check Date: 06/22/2021  
Department ID: 00225  
Reviewer Name:  
Voucher Number: V0686980  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below



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# INVOICE

Customer PO #	Invoice Date	Invoice #
373794	06/14/2021	1955202745

**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

**3 WAY MATCH**

SALES REP #		SALES ORDER #		CARRIER		FREIGHT TERMS		CUSTOMER #		CURRENCY		AMOUNT DUE	
3531		71579003				MEDLINE		1070839		USD		\$23.30	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT		

20	1.00	BX	1.00	484406Z	TE		23.30	23.30
/GLOVE, EXAM, VINYL, STERILE, PF, LF, PR, MD								

<b>GROSS</b>	<b>TAX AMOUNT</b>	<b>FREIGHT</b>	<b>TOTAL</b>
23.30	0.00	0.00	\$23.30

**\* 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 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 #	1955202745
Invoice Date	06/14/2021
Sales Rep #	3531
Payment Terms	1% 10, Net 45
Amount Due	\$23.30

**Remit To:**

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

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

Detach and return this portion with your payment

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From: CustomerInvoices@medline.com <CustomerInvoices@medline.com >  
Sent: Tue Jun 15 03:42:52 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: [External] Medline Invoices 1070839  
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Attached are Medline invoice/s.

[attachment: 1955202745.PDF]

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087485  
Vendor Name: Medline Industries, Inc.  
Invoice Number: 1955202744  
Invoice Date: 06/14/21  
PO Number: P0373794  
Check Number: 0282320  
Check Amount: \$ 133.06  
Check Date: 06/22/2021  
Department ID: 00225  
Reviewer Name:  
Voucher Number: V0686981  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below



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# INVOICE

Customer PO #	Invoice Date	Invoice #
373794	06/14/2021	1955202744

**Sold To:**

COLLEGE OF DU PAGE  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

**3 WAY MATCH**

**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		71579002				MEDLINE		1070839		USD		\$109.76	
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION		CODE*	DELIVERY #		UNIT PRICE		AMOUNT		

30	1.00	BX	1.00	484407Z	TE		23.30	23.30
				/GLOVE, EXAM, VINYL, STERILE, PF, LF, PR, LG				
40	3.00	BX	3.00	MDS194035Z	TE		28.82	86.46
				/GLOVE, EXAM, LATEX, PF, STERILE, PAIRS, MD				

GROSS	TAX AMOUNT	FREIGHT	TOTAL
109.76	0.00	0.00	\$109.76

**\* Code**

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Amount Due \$109.76

**Remit To:**

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Palatine IL 60055-4400

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

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Sent: Tue Jun 15 03:42:51 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: [External] Medline Invoices 1070839  
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