

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085910
Vendor Name: Henry Schein
Invoice Number: 97161065
Invoice Date: 08/09/21
PO Number: P0000216
Check Number: E0086052
Check Amount: \$ 1,632.84
Check Date: 08/25/2021
Department ID: 00153
Reviewer Name:
Voucher Number: V0694253
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below



Corporate Office
135 Duryea Road
Melville, NY 11747

Address Service Requested

Customer Service
1-800-472-4346

INVOICE

Invoice #	:	97161065
Invoice Date	:	08/09/21
Amount	:	22.49
Terms	:	Invoice Date + 30 days
Due Date	:	09/08/21

Page 1 of 2

3 WAY MATCH

College Of DuPage
425 Fawell Blvd
Attn: Accounts Payable - Cindy Fisk
Glen Ellyn, IL 601376708

Ship To / Sold To:

Coll Of DuPage-Dental Hygiene
425 Fawell Blvd Rm 1122
Dr Edward Chavez
Glen Ellyn IL 601376599

Cust #	:	2310297	Ship Date	:	08/09/21	Sls Ord #	:	18398835
Cust P O #	:	P0000216	Ship Via	:	UPS Chicago Special Sort	Sls Ord Dt	:	08/04/21
						Sls Rep	:	IL94

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
3250324	1	0	48/Ca	Crest Scope Classic Mouthwash 36mL .Go to your online a ccount to retrieve this SDS, 105YT08 - If you cannot access online options or to opt out of electronic SDS call (800) 472-4346.	22.4900	22.49	
This is a backordered shipment for order:18398835 original invoice:97004415 This order has been processed by our Henry Schein, Inc, Midwest Dist Center, 5315 W 74th St Bldg 138, Indianapolis, IN 462685135 Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms. No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.							
						Sub-Total	22.49
						Tax	0.00
						Shipping and/or Handling	0.00
						Total Amount	22.49

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



01000023102979716106511000000000022490809215

Cust #	:	2310297
Invoice #	:	97161065
Invoice Date	:	08/09/21
Amount	:	22.49
Terms	:	Invoice Date + 30 days
Due Date	:	09/08/21

Please put your account number on the check.

Remit To:

Henry Schein
Dept CH 10241
Palatine, IL 60055-0241

From: Henry Schein Inc <henryschein@billtrust.com >
Sent: Mon Aug 16 15:58:52 CDT 2021
To: invoicing@cod.edu
CC:
Subject: [External] Acct No. 2310297: Your Invoices From Henry Schein, Inc. are Attached

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.

Henry Schein, Inc.

Attached are your invoices from Henry Schein, Inc..

Account Number : 2310297

<u>INVOICE NUMBER</u>	<u>PO NUMBER</u>	<u>AMOUNT</u>
97161065	P0000216	\$22.49
97272418	P0000223	\$18.79

Want to save some time and effort? We now can provide your invoice information in an Easy Import file so you can import invoice information directly into your accounting system. [Click Here](#) to find out more and get setup today.

Please Note: We use the industry standard PDF format for storing and displaying bills. This makes it very easy to print or save your bill to your PC. If you're unable to view this attachment, please click here to get the latest version of the free [Acrobat Reader](#).

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[attachment: henryschein_2310297_20210816_21148562_7975875094.pdf]

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1085910

Vendor Name: Henry Schein

Invoice Number: 97300593

Invoice Date: 08/11/21

PO Number: P0000328

Check Number: E0086052

Check Amount: \$ 1,632.84

Check Date: 08/25/2021

Department ID: 00257

Reviewer Name: Jessica Lang

Voucher Number: V0694255

Redaction Type: None

Document Type: AP Invoice

Document Below



Corporate Office
135 Duryea Road
Melville, NY 11747

Address Service Requested

Customer Service
1-800-472-4346

INVOICE

Invoice #	:	97300593
Invoice Date	:	08/11/21
Amount	:	964.47
Terms	:	Invoice Date + 30 days
Due Date	:	09/10/21

Page 1 of 3

Bill To:

College Of Dupage
425 Fawell Blvd
Attn: Accounts Payable SRC 2132
Glen Ellyn, IL 601376708

Ship To / Sold To:

College Of Dupage
425 Fawell Blvd
Glen Ellyn IL 601376708

Cust #	:	3136679	Ship Date	:	08/11/21	Sls Ord #	:	18635843
Cust P O #	:	P0000328	Ship Via	:	UPS Lancaster/Harrisburg Zone4	Sls Ord Dt	:	08/11/21
						Sls Rep	:	C405

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
6270001	2	0	12/Ca	Airlife Spirometer 4000mL	37.6800	75.36	
	** special contract price **						
	THIS PRODUCT IS BEING SHIPPED FROM OUR NORTHEAST DISTRIBUTION CENTER.						
1076443	1	0	50/Bx	Earloop Mask Procedural L2 Blue	12.5000	12.50	
	** special contract price **						
6270099	1	0	30/Ca	KIT TRACHEOSTOMY CARE W/H	90.4400	90.44	
	** special contract price **						
	THIS PRODUCT IS BEING SHIPPED FROM OUR SOUTHEAST DISTRIBUTION CENTER.						
5701152	30	0	Ea	Peak Flow Meter	6.8100	204.30	
	** special contract price **						
1530155	3	0	150/Bx	Esteem Strch Glove Nitrile III Medium	31.5200	94.56	
	** special contract price **						
	THIS PRODUCT IS BEING SHIPPED FROM OUR NORTHEAST DISTRIBUTION CENTER.						
9007440	2	0	200/Bx	Criterion N200 PF Nitril Glove LARGE	29.0400	58.08	
	** special contract price **						
1074795	20	0	Ea	Integra Safety Glasses Clr Lns Black	3.5100	70.20	
	** special contract price **						
8406192	2	0	Case	Water For Inhalation Flex Cib 2000ml	50.9400	101.88	
	** special contract price **						
1125679	1	0	144/Bx	Lubricating Jelly 3gm Packet 3gm Steri	6.4900	6.49	
	.Go to your online a						

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Continued on next page

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000313667997300593110000000000964470811219

Cust #	:	3136679
Invoice #	:	97300593
Invoice Date	:	08/11/21
Amount	:	964.47
Terms	:	Invoice Date + 30 days
Due Date	:	09/10/21

Remit To:

Henry Schein
Dept CH 10241
Palatine, IL 60055-0241

Please put your account number on the check.



Corporate Office
135 Duryea Road
Melville, NY 11747

Address Service Requested

Customer Service
1-800-472-4346

INVOICE

Invoice #	:	97300593
Invoice Date	:	08/11/21
Amount	:	964.47
Terms	:	Invoice Date + 30 days
Due Date	:	09/10/21

Page 2 of 3

APPROVED 08/20/21
JARED P DEANE

College Of Dupage
425 Fawell Blvd

Attn: Accounts Payable SRC 2132
Glen Ellyn, IL 601376708

Ship To / Sold To:

College Of Dupage
425 Fawell Blvd
Glen Ellyn IL 601376708

Cust #	:	3136679	Ship Date	:	08/11/21	Sls Ord #	:	18635843
Cust P O #	:	P0000328	Ship Via	:	UPS Lancaster/Harrisburg Zone4	Sls Ord Dt	:	08/11/21
						Sls Rep	:	C405

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
				ccount to retrieve this SDS, 105N000 - If you cannot access online options or to opt out of electronic SDS call (800) 472-4346.			
1127080		1	0	** special contract price ** 50Pr/Bx Criterion CR Surgeons Glove SIZE6.0	43.3600	43.36	
1127082		1	0	** special contract price ** 50Pr/Bx Criterion CR Surgeons Glove SIZE7.0	54.5700	54.57	
1127088		1	0	** special contract price ** 50Pr/Bx Criterion CR Surgeons Glove SIZE9.0	43.3600	43.36	
7779319		1	0	THIS PRODUCT IS BEING SHIPPED FROM OUR NORTHEAST DISTRIBUTION CENTER. 100/bx Tegaderm Dressing 1.75"x 1.75"	27.4400	27.44	
1961386		1	0	** special contract price ** 10/Bx DuoDERM Extra Thin Dressing 4"x4"	51.5200	51.52	
1108854		1	0	** special contract price ** 200/Bx Lancet Capiject Pink 1.5mmx1.0	30.4100	30.41	
				THIS PRODUCT IS BEING SHIPPED FROM OUR NORTHEAST DISTRIBUTION CENTER.			

This order has been processed by our Henry Schein, Inc, Midwest Dist Center, 5315 W 74th St Bldg 138, Indianapolis, IN 462685135

Northeast Distribution Center, 41 WEAVER ROAD, DENVER, PA 17517

Southeast Distribution Center, 8691 JESSE B SMITH CT, JACKSONVILLE, FL 32219, LICENSE #: 22:01315

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.

No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.

Sub-Total	964.47
Tax	0.00
Shipping and/or Handling	0.00
Total Amount	964.47

INVOICE REVIEWED
OKAY TO PAY
JESSICA LANG 08/17/21

From: Henry Schein Inc <henryschein@billtrust.com >

Sent: Mon Aug 16 16:11:20 CDT 2021

To: invoicing@cod.edu

CC:

Subject: [External] Acct No. 3136679: Your Invoices From Henry Schein, Inc. are Attached

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Henry Schein, Inc.

Attached are your invoices from Henry Schein, Inc..

Account Number : 3136679

<u>INVOICE NUMBER</u>	<u>PO NUMBER</u>	<u>AMOUNT</u>
97300593	P0000328	\$964.47
97299450	P0000333	\$851.00
97300594	P0000328	\$409.66

Want to save some time and effort? We now can provide your invoice information in an Easy Import file so you can import invoice information directly into your accounting system. [Click Here](#) to find out more and get setup today.

Please Note: We use the industry standard PDF format for storing and displaying bills. This makes it very easy to print or save your bill to your PC. If you're unable to view this attachment, please click here to get the latest version of the free [Acrobat Reader](#).

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[attachment: henryschein_3136679_20210816_21148562_7975926652.pdf]

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1085910

Vendor Name: Henry Schein

Invoice Number: 97272418

Invoice Date: 08/11/21

PO Number: P0000223

Check Number: E0086052

Check Amount: \$ 1,632.84

Check Date: 08/25/2021

Department ID: 00153

Reviewer Name:

Voucher Number: V0694332

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below



Corporate Office
135 Duryea Road
Melville, NY 11747

Address Service Requested

Customer Service
1-800-472-4346

INVOICE

Invoice #	:	97272418
Invoice Date	:	08/11/21
Amount	:	18.79
Terms	:	Invoice Date + 30 days
Due Date	:	09/10/21

Page 1 of 2

3 WAY MATCH

College Of DuPage
425 Fawell Blvd
Attn: Accounts Payable - Cindy Fisk
Glen Ellyn, IL 601376708

Ship To / Sold To:

Coll Of DuPage-Dental Hygiene
425 Fawell Blvd Rm 1122
Dr Edward Chavez
Glen Ellyn IL 601376599

Cust #	:	2310297	Ship Date	:	08/11/21	Sls Ord #	:	18402735
Cust P O #	:	P0000223	Ship Via	:	UPS Chicago Special Sort	Sls Ord Dt	:	08/04/21
						Sls Rep	:	IL94

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
3683240	1	0	12/Pk	Pen Unicorn Pop Out Eye	18.7900	18.79	
This is a backordered shipment for order:18402735 original invoice:97007763							
This order has been processed by our Henry Schein, Inc. Midwest Dist Center, 5315 W 74th St Bldg 138, Indianapolis, IN 462685135							
Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.							
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.							
						Sub-Total	18.79
						Tax	0.00
						Shipping and/or Handling	0.00
						Total Amount	18.79

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000231029797272418110000000000018790811215

Cust #	:	2310297
Invoice #	:	97272418
Invoice Date	:	08/11/21
Amount	:	18.79
Terms	:	Invoice Date + 30 days
Due Date	:	09/10/21

Remit To:

Henry Schein
Dept CH 10241
Palatine, IL 60055-0241

Please put your account number on the check.

From: Henry Schein Inc <henryschein@billtrust.com >
Sent: Mon Aug 16 15:58:52 CDT 2021
To: invoicing@cod.edu
CC:
Subject: [External] Acct No. 2310297: Your Invoices From Henry Schein, Inc. are Attached

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Henry Schein, Inc.

Attached are your invoices from Henry Schein, Inc..

Account Number : 2310297

<u>INVOICE NUMBER</u>	<u>PO NUMBER</u>	<u>AMOUNT</u>
97161065	P0000216	\$22.49
97272418	P0000223	\$18.79

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[attachment: henryschein_2310297_20210816_21148562_7975875094.pdf]

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1085910

Vendor Name: Henry Schein

Invoice Number: 97145256

Invoice Date: 08/09/21

PO Number: P0000173

Check Number: E0086052

Check Amount: \$ 1,632.84

Check Date: 08/25/2021

Department ID: 12035

Reviewer Name:

Voucher Number: V0694353

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

INVOICE

Ship/Sold-To: 3351237

College Of Dupage
425 Fawell Blvd
NATHAN JAMES SMITH
Glen Ellyn, IL 60137-6599

010000335123497145256110000000000294000809214

Bill-To: 3351234

College Of Dupage
425 Fawell Blvd
Glen Ellyn, IL 60137-6599COLLEGE OF DUPAGE
425 FAWELL BLVD
GLEN ELLYN, IL 601376599

3 WAY MATCH

Invoice# 97145256	Invoice Date 08/09/21	Due Date 09/08/21	Invoice Total \$294.00
Purchase Order# 000 173		Payment Terms Invoice Date + 30 days	
Customer DEA#		Customer State Reg#	
HSI Federal ID# 11-3136595		HSI D&B# 01-243-0880	

LINE NO.	ITEM CODE	UNIT SIZE	DESCRIPTION	QTY ORDERED	QTY SHIPPED	CODES	UNIT PRICE	EXT. PRICE	BOX NO.	SHIP FROM
This is a backordered shipment for order:18388223 original invoice:96993675										
1	137-5846	12/CA	Gatorade Super Shake 11.16 oz Chocolate CASE GOOD ITEM, MAY BE SHIPPED SEPARATELY.	14	14	C	21.00	294.00	14	IN
MERCHANDISE TOTAL							\$294.00			
INVOICE TOTAL							\$294.00			

Please refer to back of paperwork for Terms of Sale and disclosures or go to
<https://www.henryschein.com/us-en/medical/LegalTerms.aspx>. Such terms are incorporated herein by reference.

Thank you for your order!

Ship To# 3351237	Bill To# 3351234	Invoice# 97145256	Invoice Date 08/09/21	Invoice Total \$294.00	CODE STATUS KEY S-Special Schein Pricing B-Backordered: Item will follow C-Case Good Item D-Discontinued: Item no longer available F-Special Offer M-Item will ship directly from manufacturer NC-No Charge P-Prescription Drug: Return Authorization Required *-Item has Safety Data Sheet (SDS) R-Refrigerated Item; May be shipped separately SK-School Kit SM-Shipped from Multiple Buildings T-Taxable Item U-Temporarily Unavailable; please reorder W-Warranty Item WH, MN, M2, DM-OSCSA CODES
Order# 18388223	Order Date 08/04/21	# of Boxes 14	PO# 000 173		

Distribution Names/Address

Int: S315 W 74th St, Indianapolis, IN 46268
DEAR: R101/62494 State Reg#: 48331176A
Chem. Reg#: 006674HNY

From: Cruse, Bethany <cruseb199@cod.edu>
Sent: Wed Aug 18 11:45:29 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Attached Image

[attachment: 1367_001.pdf]

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1085910

Vendor Name: Henry Schein

Invoice Number: 97530113

Invoice Date: 08/20/21

PO Number: P0000328

Check Number: E0086052

Check Amount: \$ 1,632.84

Check Date: 08/25/2021

Department ID: 00257

Reviewer Name:

Voucher Number: V0694537

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below



Corporate Office
135 Duryea Road
Melville, NY 11747

Address Service Requested

Customer Service
1-800-472-4346

INVOICE

Invoice #	:	97530113
Invoice Date	:	08/17/21
Amount	:	321.35
Terms	:	Invoice Date + 30 days
Due Date	:	09/16/21

Page 1 of 2

Bill To:

3 WAY MATCH

College Of Dupage
425 Fawell Blvd
Attn: Accounts Payable SRC 2132
Glen Ellyn, IL 601376708

Ship To / Sold To:

College Of Dupage
425 Fawell Blvd
Glen Ellyn IL 601376708

Cust #	:	3136679	Ship Date	:	08/17/21	Sls Ord #	:	18635843
Cust P O #	:	P0000328	Ship Via	:	UPS Chicago Special Sort	Sls Ord Dt	:	08/11/21
						Sls Rep	:	C405

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
1358191	1	0	50/Ca	Nebulizer BAN AeroEclipse II	321.3500	321.35	
** special contract price **							
This is a backordered shipment for order:18635843 original invoice:97300595							
This order has been processed by our Henry Schein, Inc, Midwest Dist Center, 5315 W 74th St Bldg 138, Indianapolis, IN 462685135							
Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.							
No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice.							
						Sub-Total	321.35
						Tax	0.00
						Shipping and/or Handling	0.00
						Total Amount	321.35

Tax ID # 11-3136595 DUNS # 01-243-0880

Remittance Section



010000313667997530113110000000000321350817217

Cust #	:	3136679
Invoice #	:	97530113
Invoice Date	:	08/17/21
Amount	:	321.35
Terms	:	Invoice Date + 30 days
Due Date	:	09/16/21

Remit To:

Henry Schein
Dept CH 10241
Palatine, IL 60055-0241

Please put your account number on the check.

From: Henry Schein Inc <henryschein@billtrust.com >
Sent: Mon Aug 23 07:21:41 CDT 2021
To: invoicing@cod.edu
CC:
Subject: [External] Acct No. 3136679: Your Invoices From Henry Schein, Inc. are Attached

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Henry Schein, Inc.

Attached are your invoices from Henry Schein, Inc..

Account Number : 3136679

<u>INVOICE NUMBER</u>	<u>PO NUMBER</u>	<u>AMOUNT</u>
97530113	P0000328	\$321.35
97734741	P0000328	\$317.53

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[attachment: henryschein_3136679_20210823_21202118_8001448730.pdf]

Terms of Sale

THE HENRY SCHEIN PRICE POLICY:

We endeavor to maintain prices for the duration of a catalog, but we reserve the right to make price adjustments in response to manufacturers' price increases or extraordinary circumstances. Prices are subject to change without notice.

Henry Schein, Inc. ("Henry Schein") and customer agree that the terms and conditions hereinafter set forth shall govern the relationship between Henry Schein and the customer to the extent that the parties do not have a written agreement in effect that conflicts with such terms and conditions. Customer acknowledges and accepts all such terms and conditions by placing an order for goods with Henry Schein, and upon Henry Schein's delivery of the order to the customer.

Choose Your Payment Method

Reduce the cost and administration of paying Henry Schein—Pay electronically (ACH Debit) or set up AutoPay. Please call Customer Service for details.

For your convenience, we provide several payment alternatives. Orders billed to your account may be paid by ACH Debit, Check by Phone, or Check. If you prefer, you may use your Henry Schein Credit Card, American Express, Visa, MasterCard or Discover Card when placing your order. All sales are subject to our normal terms and conditions.

Check payments must be mailed to: Henry Schein, Inc. • Dept. CH 10241 • Palatine, IL 60055-0241

All sales are subject to credit approval. Invoices are payable within agreed terms of sale.

Open Accounts Receivable:

All unpaid accounts receivable past due are subject to a 1.5% finance charge.

DELIVERY TERMS:

Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Except as noted below, title passes at the time the shipment is loaded at the shipper's dock.

California:

For all shipments of goods to customers located within California, title will pass upon receipt of goods by California customers.

Continental U.S.:

All orders will be subject to a handling charge. This charge includes freight, except for additional carrier charges related to special delivery services and hazardous material shipments. Special orders are subject to additional freight charges.

Alaska, Hawaii & Pacific Protectorates:

Standard shipping methods provide direct, reduced cost, expedited air delivery service to all accounts in Alaska and Hawaii. Customers in the Pacific Protectorates are offered direct surface transport, or postal services for reliable delivery. No additional surcharges apply, except when special services are requested. Low-level hazardous items (dangerous goods in accepted quantities and Consumer Commodity ID 8000) are now available via UPS 2nd-day air.

Guam, Puerto Rico, U.S. Trust Territories & Virgin Islands:

All orders will be subject to a handling charge. This charge includes freight through the United States Postal Service (USPS). Special delivery orders and hazardous material shipments can be shipped via United Parcel Services (UPS) for an additional charge. No minimum order amount or weight applies. Speak to your International Representative for details.

Outside U.S. (50 states):

If your order is being shipped outside the U.S. (50 states), please refer to the International Terms & Conditions at henryschein.com. Unless otherwise agreed, freight terms are FOB Shipper's Dock ("Ex Works" outside North America). Title passes at the time the shipment is loaded at the shipper's dock. Customer is responsible for compliance with any applicable import requirements.

RX PRODUCTS & CONTROLLED SUBSTANCES:

Regulations require us to limit the sale of Rx and controlled substances only to registered, licensed healthcare professionals. If you are a new customer or have recently moved, please furnish us with a copy of your updated state DEA registration. For controlled substances, furnish a copy of your DEA registration verifying your shipping address. Please note that all orders for controlled substances are subject to a due diligence review process. Schedule II controlled substances can be ordered electronically or by mail. For information on our Controlled Substance Ordering System please visit www.henryschein.com/e222; if you prefer to continue using Federal 222 Forms to order Schedule II controlled substances, please mail the form to:

Henry Schein, Inc. • Suite 300, 5315 West 74th Street • Indianapolis, IN 46268

THE DRUG SUPPLY CHAIN SECURITY ACT (DSCSA):

(M/N, DM, WH, M2) The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.HenrySchein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail or email, please contact our customer service department at 1-800-472-4346.

REGULATORY REQUIREMENT:

Local regulatory requirements may apply to use or installation of certain products. Be sure to understand and comply with any such requirements prior to purchase, use, or installation of products.

DISCOUNTS, REBATES AND DISCLOSURES: Invoice or statement prices may reflect or be subjected to a bundled discount or rebate pursuant to purchase offer, promotion or discount program. You must fully and accurately report to Medicare, Medicaid, Tricare and/or any other federal or State program, upon request by such program, the discounted price(s) or net price(s) for each invoiced item, after giving effect to any applicable discounts or rebates, which price(s) may differ from the extended prices set forth on your invoice. Accordingly, you should retain your invoice and all relevant information for your records. It is your responsibility to review any agreements or other documents, including offers or promotions, applicable to the invoiced products/prices to determine if your purchase(s) are subject to a bundled discount or rebate. Any such discounts must be calculated pursuant to the terms of the applicable purchase offer, promotion or discount program. Participation in a promotional discount program is only permissible in accordance with discount program rules. By participation in such program, you agree that, to your knowledge, your practice complies with the discount program requirements.

Henry Schein Telephone Hotlines...We're Here Ready to Help!

Henry Schein Medical

To Place An Order 1-800-772-4346 8am-8:30pm, et
To Fax An Order 1-800-329-9109 24 Hours
Customer Service 1-800-472-4346 8am-8:30pm, et
Internet www.henryschein.com/medical
E-mail custserv@henryschein.com

Aruba® Support 1-800-711-6032 8am-8pm, et
PRIVILEGES 1-866-633-8477 9am-5:30pm, et
Henry Schein Financial Services 1-800-443-2756 8am-8:30pm, et
ProRepair 1-800-367-3674 8am-5pm, et
International Dept. (USA) 1-631-843-5325 or Fax 1-631-843-5676
In Canada 1-800-223-3300 8am-7pm, et

Henry Schein Medical/EMS

To Place An Order 1-800-845-3550 8:30am-5:30pm, et
To Fax An Order 1-800-533-4793 24 Hours
Customer Service 1-800-845-3550 8:30am-5:30pm, et
Internet www.henryschein.com/ems
E-mail ems@henryschein.com

340B Program

To Place An Order 1-877-344-3402 8:30am-5:30pm, et
To Fax An Order 1-888-885-2253 24 Hours
Customer Service 1-877-344-3402 8:30am-5:30pm, et
Internet www.henryschein.com/medical
E-mail customer.support@henryschein.com
e-Commerce Support 1-800-711-6032 8am-8pm, et

Henry Schein Athletics and Schools

To Place An Order 1-800-323-5110 8am-8:30pm, et
To Fax An Order 1-800-524-4989 24 Hours
Customer Service 1-800-323-5110 8am-8:30pm, et
Internet www.henryschein.com
Email athleticsandschools@henryschein.com

RETURNS:

WE CANNOT ACCEPT ANY RETURNS WITHOUT PRIOR AUTHORIZATION.

To arrange for a return, simply call our Customer Service department or contact your Sales Consultant. The following conditions must be complied with:

- All returns must be accompanied by a copy of your invoice and a reason for the return.
- Merchandise must be returned in its original unopened container, unmarked, and properly packaged
- Returned products must have been purchased within the previous thirty (30) days. Any returns past thirty (30) days are subject to a restocking fee.
- Shortages or errors in shipments must be reported within seven (7) days of invoice date to issue credit (if applicable) • Shipping charges will apply on all returns.

Exceptions:

The following special, customized, or government-regulated items are not returnable:

- Immune globulin products • Special order items (products that we do not ordinarily stock)
- Personalized and imprinted items • Opened computer hardware and software Hazardous/flammable materials • Expired products • Items that cannot be returned to the manufacturer Any item marked nonreturnable • Items required to be shipped and stored frozen • Any drop-shipped products

Equipment:

Opened and used equipment may not be returned for credit. Before opening equipment, we suggest that you check the shipping container and packing list to ensure that you are getting exactly what you ordered. Equipment must be returned in the original unopened packaging, unmarked and properly packaged. Special order equipment is not returnable. All equipment returns are subject to a restocking fee. Equipment is backed by the manufacturer's repair or replacement warranty. Please read and return all warranty information required immediately upon taking delivery of your new equipment. Open or defective equipment is subject to the manufacturer's warranty.

Prescription Drug Returns:

Please note that, in order to comply with Federal and State traceability requirements, prescription drugs may be returned providing that the following key elements are met:

- 1) Returns of prescription drugs will only be accepted if HSI is notified within 30 calendar days of shipment date and valid return authorization is issued by HSI.
- 2) The Prescription Drug Marketing Act requires any customer returning prescription drugs to complete and return a Prescription Drug Return Authorization form. Federal law requires that the healthcare entity returning prescription drugs document that the product was kept under proper storage and handling conditions while in their possession and during the return of the product. To get a copy of the form and proper return authorization, please contact Customer Service.
- 3) In addition, traceability regulations require that the healthcare entity returning prescription drugs certifies that the product being returned is the same exact product purchased from HSI.
- 4) Henry Schein will not issue credit for any returned prescription drugs which return was not authorized as provided herein, have been tampered with, are expired or where the labeling has been altered in any way.

INSTITUTIONAL & CORPORATE ACCOUNTS:

Terms of Sale follow the same guidelines unless denoted differently in a contract. Some offers and promotions outlined in the catalog may not apply. Requests for bids and proposals may be sent to:

Henry Schein, Inc., Medical Bid Department (Mail Route E-270)
135 Duryea Road, Melville, NY 11747

INTERNATIONAL AND CANADIAN ORDERS:

We proudly serve healthcare professionals, governments, and dealers throughout the world. To place orders or for inquiries on export terms and conditions please contact the International Department (USA) at, phone: 1-631-843-5325, fax: 1-631-843-5676, or send us an e-mail at: export@henryschein.com.

WARRANTIES:

Henry Schein will pass through to the customer, at the time of sale, any transferable product warranties, indemnities and remedies provided to Henry Schein by the applicable manufacturer. EXCEPT AS OTHERWISE PROVIDED HEREIN, TO THE EXTENT PERMITTED BY LAW, HENRY SCHEIN PROVIDES NO WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY, FITNESS FOR PARTICULAR PURPOSE OR NON-INFRINGEMENT, AND THE CUSTOMER SHALL LOOK TO THE MANUFACTURER OF THE PRODUCT FOR ANY WARRANTY THEREON.

LIMITATION OF LIABILITY:

The customer agrees to look solely to the manufacturer of the product for any claim arising due to loss, injury, damage or death related to the use or sale of products. HENRY SCHEIN SHALL NOT BE LIABLE FOR INDIRECT, INCIDENTAL, PUNITIVE, SPECIAL OR CONSEQUENTIAL DAMAGES INCLUDING, BUT NOT LIMITED TO, LOST PROFITS AND LOSS OF GOODWILL, ARISING FROM OR RELATING TO ANY BREACH TO THIS AGREEMENT (OR ANY DUTY OF COMMON LAW, AND WHETHER OR NOT OCCASIONED BY THE NEGLIGENCE OF HENRY SCHEIN OR ITS AFFILIATES), REGARDLESS OF ANY NOTICE OF THE POSSIBILITY OF SUCH DAMAGES.

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085910
Vendor Name: Henry Schein
Invoice Number: 9700415A
Invoice Date: 08/05/21
PO Number: P0000216
Check Number: E0086052
Check Amount: \$ 1,632.84
Check Date: 08/25/2021
Department ID: 00153
Reviewer Name: Jessica Lang
Voucher Number: V0694735
Redaction Type: None
Document Type: AP Invoice

Document Below



135 Duryea Road
Melville, NY 11747

Address Service Requested

Customer Service
1-800-472-4346

Original Invoice

Invoice #	97004415A
Invoice Date	8/5/2021
Amount	11.74
Terms	Net 30
Due Date	9/4/2021

Bill To:

College Of DuPage
425 Fawell Blvd
Attn: Accounts Payable -
Glen Ellyn IL 601376708

Ship To:

Coll Of DuPage-Dental Hygiene
425 Fawell Blvd Rm 1122
Dr Edward Chavez
Glen Ellyn, IL 60137-6599 US

Page 1

Cust #	2310297	Ship Date	8/5/2021	Sls Ord #	18398835
Cust P O #	P0000216	Ship Via	UPS Chicago Special Sort	Sls Ord Dt	8/4/2021
		FOB Point	:	Sls Rep	IL94

Item #	Ship	BO	UOM	Description	Unit Price	Amount	Tax Status
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570-1722	1	6/CA		PFRL-MIX DEVELOP & FIX	50.39		
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**INVOICE REVIEWED
OKAY TO PAY
JESSICA LANG 08/24/21**

You are participating in a discount program (e.g. prompt payments or other special programs ("discount")), with this purchase you have earned a credit toward future purchases or services, receivable or redeemable in accordance with discount program rules. Upon Discount receipt or redemption, you are receiving or will receive notice of the Discount value. From time to time, Medicare, Medicaid, Tricare or other payer may request information regarding such value, and upon any such request, such value must be disclosed as a discount against the purchases that earned such value. Accordingly, you should retain these records.

This Order Has been Shipped by our Henry Schein, Inc, Midwest Dist Center, 5315 W 74th St Bldg 138, Indianapolis, IN 462685135

Finance Charges of 1.5% per month (18% per annum) are applied to amounts not paid within terms.

No merchandise will be accepted for return without our authorization. All claims must be made within 10 days of invoice

Tax ID # 113136595

Please remit payments to, Henry Schein, Inc. Dept CH 10241 Palatine, IL 60055-0241 US

Sub-Total	50.39
Shipping	11.74
Payment	50.39
Amt Due	11.74

**APPROVED 08/24/21
JARED DEANE**

From: Cruse, Bethany <cruseb199@cod.edu>
Sent: Tue Aug 24 10:49:50 CDT 2021
To: invoicing@cod.edu
CC:
Subject: FW: [External] RE: P0000216

From: Billips, Diana <Diana.Billips@henryschein.com>
Sent: Tuesday, August 24, 2021 10:44 AM
To: Cruse, Bethany <cruseb199@cod.edu>
Cc: Conley, Cynthia <fiskc@cod.edu>
Subject: RE: [External] RE: P0000216

Ok..revised..see attached.

Best Regards,

Diana Billips

Financial Operations| Bastian, VA
Phone: 888-246-2986 Ext 2434526
Fax: 888-914-6262

Please visit our Website www.henryschein.com for Copies of Invoices, Credit Memos, POD's and to make Payments.



Providing Amazing Credit Customer Service!



Please visit our Website www.henryschein.com for Copies of Invoices, Credit Memos, POD's and to make Payments or would you be interested in receiving your invoices and statements electronically? Ask me how.

From: Cruse, Bethany [<mailto:cruseb199@cod.edu>]
Sent: Tuesday, August 24, 2021 11:41 AM
To: Billips, Diana <Diana.Billips@henryschein.com>
Cc: Conley, Cynthia <fiskc@cod.edu>
Subject: RE: [External] RE: P0000216

Diana,
I will need a new invoice number as our system will not allow us to enter it twice. If you can add an A or something behind the invoice number that will work.

Thanks

Bethany Cruse
AP Lead
College of DuPage
Room SRC 2132
425 Fawell Boulevard
Glen Ellyn, IL 60137
630-942-4294
cruseb199@cod.edu

From: Billips, Diana <Diana.Billips@henryschein.com>
Sent: Tuesday, August 24, 2021 10:17 AM

To: Cruse, Bethany <cruseb199@cod.edu>

Cc: Conley, Cynthia <fiskc@cod.edu>

Subject: [External] RE: P0000216

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.

Hi Bethany,
See attached and let me know if this will work. ☺

Best Regards,

Diana Billips

Financial Operations | Bastian, VA

Phone: 888-246-2986 Ext 2434526

Fax: 888-914-6262

Please visit our Website www.henryschein.com for Copies of Invoices, Credit Memos, POD's and to make Payments.



Providing Amazing Credit Customer Service!



Please visit our Website www.henryschein.com for Copies of Invoices, Credit Memos, POD's and to make Payments or would you be interested in receiving your invoices and statements electronically? Ask me how.

From: Cruse, Bethany [mailto:cruseb199@cod.edu]

Sent: Tuesday, August 24, 2021 11:03 AM

To: Billips, Diana <Diana.Billips@henryschein.com>

Cc: Conley, Cynthia <fiskc@cod.edu>

Subject: RE: P0000216

Hello Diana,
It appears we have an issue getting a rebill for freight charges on inv# 97004415 for \$11.74. The ordering dept failed to add shipping to the PO so when we received the invoice A/P was unable to pay the shipping charges. We paid \$50.39 on ACH 8/11/21. We will need a new invoice issued for the freight balance so I can send it out for approval to be paid. Can you please help with this?



Thanks

Bethany Cruse

AP Lead

College of DuPage

Room SRC 2132
425 Fawell Boulevard
Glen Ellyn, IL 60137
630-942-4294
cruseb199@cod.edu

From: Conley, Cynthia <fiskc@cod.edu>
Sent: Tuesday, August 24, 2021 9:49 AM
To: Cruse, Bethany <cruseb199@cod.edu>
Subject: RE: P0000216

Hi Bethany,
I just got off the phone with Henry Schein and they would like to talk to someone in accounting about this shipping charge on invoice # 97004415 for \$11.74.
I have no idea how to fix this. Their # 1-800-472-4346. They can't just send another invoice.
Thank you for your help.
Cindy

Cindy Conley (Fisk)
Dental Hygiene
HSC 1122
630-942-3257

From: Cruse, Bethany <cruseb199@cod.edu>
Sent: Tuesday, August 17, 2021 10:33 AM
To: Conley, Cynthia <fiskc@cod.edu>
Subject: RE: P0000216

Cindy,
Please contact the vendor to make sure shipping charges are legit. You will need to request that they send us a new invoice number for the shipping charge of \$11.74. Once received I will send out for approval stamp and you will have to provide a GL# for me to pay.

Going forward if the vendor will be charging shipping you need to add that as a line item when you request your PO.

Thanks

Bethany Cruse
AP Lead
College of DuPage
Room SRC 2132
425 Fawell Boulevard
Glen Ellyn, IL 60137
630-942-4294
cruseb199@cod.edu

From: Conley, Cynthia <fiskc@cod.edu>
Sent: Tuesday, August 17, 2021 10:14 AM
To: Cruse, Bethany <cruseb199@cod.edu>
Subject: RE: P0000216

Hi Bethany,
I have no idea how the shipping works with the punch out. I know in the past Henry Schein charges shipping. I just printed this invoice form their web page under our account.
Cindy

From: Cruse, Bethany <cruseb199@cod.edu>
Sent: Tuesday, August 17, 2021 9:45 AM
To: Conley, Cynthia <fiskc@cod.edu>
Subject: P0000216

Cindy,

This was already paid minus the shipping charge. There was no shipping on the PO, are we supposed to pay? If not, please contact the vendor for a credit. We can only pay an extra 10% for shipping which would only be \$7.28 & they are billing \$11.74.

Thanks

Bethany Cruse
AP Lead
College of DuPage
Room SRC 2132
425 Fawell Boulevard
Glen Ellyn, IL 60137
630-942-4294
cruseb199@cod.edu

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[attachment: Henry Schein Invoice.pdf]