

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1179478
Vendor Name: P&G Oral Health
Invoice Number: 1109539715
Invoice Date: 8/28/2022
PO Number: B0000824
Check Number: 0302410
Check Amount: \$ 116.49
Check Date: 09/13/2022
Voucher Number: V0751500
Document Type: AP Invoice

Document Below



INVOICE

1 of 1

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

Only 8/19/22

Customer Account No.: 2003012078
Ref Account No.: 1569792
Invoice No.: 1109539715
Invoice Date: 08/28/2022
Order No.: 2058968748
Ref Order No.: 2001392122
Customer P.O. No.: 80 000824
Due Date: 09/27/2022
Terms: Net within 30 days - Cash in Bank



*****AUTO**MIXED AADC 450 Tray 3 : Piece 521

ATTN:SHIPPING & RECEIVING
COLLEGE OF DUPAGE
425 FAWELL BLVD
HSC ROOM 1122
GLEN ELLYN IL 60137-6708

3

Ship To: 2003012078
ATTN:SHIPPING & RECEIVING
COLLEGE OF DUPAGE
425 FAWELL BLVD
HSC ROOM 1122
GLEN ELLYN IL 60137-6708

Material	Description	UPC (Item)	Quantity	Unit Type	Price (\$)	Amount (\$)
80296525	OB Glide PH Advanced FLS 15M 1 Box of 72 Items	20300410825892	1	Box	\$ 43.09	\$ 43.09
Sub Total (\$)						43.09
Freight (\$)						0.00
Sales Tax (\$)						0.00
Total Amount (\$)						43.09

-----PLEASE RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT-----
TO THE REMITTANCE ADDRESS NOTED BELOW

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

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Customer Account No. 2003012078
Invoice No.: 1109539715
Due Date: 09/27/2022

Total Amount (\$) \$ 43.09

REMITTANCE ADDRESS:
P&G Oral Health
24808 Network Place
Chicago, IL 60673-1248

Payment Amount: _____
Check in Bank by Due Date

Please 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.

"Conley, Cynthia" <fiskc@cod.edu>

Attached Image

"Conley, Cynthia" <fiskc@cod.edu>

Mon, Aug 29, 2022 at 01:33 PM GMT

CC:

BCC:

1 attachment

1624_001.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1179478
Vendor Name: P&G Oral Health
Invoice Number: 1109485166
Invoice Date: 8/20/2022
PO Number: B0000824
Check Number: 0302410
Check Amount: \$ 116.49
Check Date: 09/13/2022
Voucher Number: V0751501
Document Type: AP Invoice

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**INVOICE***Cathy Conley*

1 of 1

8/22/22



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.: 1109485166
Invoice Date: 08/20/2022
Order No.: 2058968748
Ref Order No.: 2001392122
Customer P.O. No.: BO 000824
Due Date: 09/19/2022
Terms: Net within 30 days - Cash
in Bank



*****AUTO**MIXED AADC 450 Tray 4 : Piece 1055

ATTN:SHIPPING & RECEIVING
COLLEGE OF DUPAGE
425 FAWELL BLVD
HSC ROOM 1122
GLEN ELLYN IL 60137-6708

4

Ship To: 2003012078

ATTN:SHIPPING & RECEIVING
COLLEGE OF DUPAGE
425 FAWELL BLVD
HSC ROOM 1122
GLEN ELLYN IL 60137-6708

Material	Description	UPC (Item)	Quantity	Unit Type	Price (\$)	Amount (\$)
80709281	CR 3DWhite Brilliance PST 0.85oz 1 Case of 72 Items	10030772066239	1	Case	\$ 18.96	\$ 18.96
Sub Total (\$)						18.96
Freight (\$)						0.00
Sales Tax (\$)						0.00
Total Amount (\$)						18.96

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Customer Account No. 2003012078
Invoice No.: 1109485166
Due Date: 09/19/2022

Total Amount (\$) \$ 18.96

REMITTANCE ADDRESS:
P&G Oral Health
24808 Network Place
Chicago, IL 60673-1248

Payment Amount: _____
Check in Bank by Due Date

Please 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.

"Conley, Cynthia" <fiskc@cod.edu>

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"Conley, Cynthia" <fiskc@cod.edu>

Mon, Aug 22, 2022 at 02:35 PM GMT

CC:

BCC:

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1590_001.pdf

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1179478

Vendor Name: P&G Oral Health

Invoice Number: 1109467542

Invoice Date: 8/17/2022

PO Number: B0000824

Check Number: 0302410

Check Amount: \$ 116.49

Check Date: 09/13/2022

Voucher Number: V0751503

Document Type: AP Invoice

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INVOICE

1 of 1

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.: 1109467542
Invoice Date: 08/17/2022
Order No.: 2058968748
Ref Order No.: 2001392122
Customer P.O. No.: BO 000824
Due Date: 09/16/2022
Terms: Net within 30 days - Cash
in Bank



*****AUTO**MIXED AADC 450 Tray 3 : Piece 813

ATTN:SHIPPING & RECEIVING
COLLEGE OF DUPAGE
425 FAWELL BLVD
HSC ROOM 1122
GLEN ELLYN IL 60137-6708

3

Ship To: 2003012078
ATTN:SHIPPING & RECEIVING
COLLEGE OF DUPAGE
425 FAWELL BLVD
HSC ROOM 1122
GLEN ELLYN IL 60137-6708

Material	Description	UPC (Item)	Quantity	Unit Type	Price (\$)	Amount (\$)
80357585	CR PH GumDetoxify PST 0.85oz 1 Case of 36 Items	10037000753497	1	Case	\$ 9.48	\$ 9.48
80363101	CR PH Densify DlyProt PST 0.85oz 1 Case of 36 Items	10030772016814	1	Case	\$ 9.48	\$ 9.48
80366074	CR PH CleanMint PST 0.85oz 1 Case of 36 Items	10037000995606	1	Case	\$ 9.48	\$ 9.48
Sub Total (\$)						28.44
Freight (\$)						0.00
Sales Tax (\$)						0.00
Total Amount (\$)						28.44

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Customer Account No. 2003012078
Invoice No.: 1109467542
Due Date: 09/16/2022

Total Amount (\$) \$ 28.44

REMITTANCE ADDRESS:
P&G Oral Health
24808 Network Place
Chicago, IL 60673-1248

Payment Amount: _____
Check in Bank by Due Date

Please 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.

"Conley, Cynthia" <fiskc@cod.edu>

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"Conley, Cynthia" <fiskc@cod.edu>

Mon, Aug 22, 2022 at 02:35 PM GMT

CC:

BCC:

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Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1179478
Vendor Name: P&G Oral Health
Invoice Number: 1109467543
Invoice Date: 8/17/2022
PO Number: B0000824
Check Number: 0302410
Check Amount: \$ 116.49
Check Date: 09/13/2022
Voucher Number: V0751505
Document Type: AP Invoice

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INVOICE

Andy Conley

1 of 1

8/12/22



The Procter & Gamble Distributing LLC
d/b/a P&G Oral Health
24808 Network Place
Chicago, IL 60673-1248
Phone: 800-543-2577
Fax: 800-201-1640

Customer Account No.: 2003012078
Ref Account No.: 1569792
Invoice No.: 1109467543
Invoice Date: 08/17/2022
Order No.: 2058968748
Ref Order No.: 2001392122
Customer P.O. No.: 30 000824
Due Date: 09/16/2022
Terms: Net within 30 days - Cash in Bank



*****AUTO**MIXED AADC 450 Tray 3 : Piece 812

ATTN:SHIPPING & RECEIVING
COLLEGE OF DUPAGE
425 FAWELL BLVD
HSC ROOM 1122
GLEN ELLYN IL 60137-6708

3

Ship To: 2003012078

ATTN:SHIPPING & RECEIVING
COLLEGE OF DUPAGE
425 FAWELL BLVD
HSC ROOM 1122
GLEN ELLYN IL 60137-6708

Material	Description	UPC (Item)	Quantity	Unit Type	Price (\$)	Amount (\$)
64860306	OB Complete SatinFloss Mint 10yd 1 Case of 144 Items	10068305641264	1	Case	\$ 26.00	\$ 26.00
Sub Total (\$)						26.00
Freight (\$)						0.00
Sales Tax (\$)						0.00
Total Amount (\$)						26.00

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Customer Account No. 2003012078
Invoice No.: 1109467543
Due Date: 09/16/2022

Total Amount (\$) \$ 26.00

REMITTANCE ADDRESS:
P&G Oral Health
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Chicago, IL 60673-1248

Payment Amount: _____
Check in Bank by Due Date

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"Conley, Cynthia" <fiskc@cod.edu>

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"Conley, Cynthia" <fiskc@cod.edu>

Mon, Aug 22, 2022 at 02:34 PM GMT

CC:

BCC:

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