

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1089219

Vendor Name: Sunstar Butler

Invoice Number: 903498

Invoice Date: 9/9/2022

PO Number: B0000799

Check Number: E0091675

Check Amount: \$ 25.20

Check Date: 09/28/2022

Voucher Number: V0757660

Document Type: AP Invoice

Document Below

# INVOICE

SUNSTAR

SUNSTAR AMERICAS, INC.

301 E. Central Road, Schaumburg, IL 60195  
(773) 777-4000

Order Department & Customer Service: (800) 528-8537

DUNS 02-506-6358

**NEW! Pay your invoices on line at [pay.gumbrand.com](http://pay.gumbrand.com)**

Invoice No	Invoice Date	Page
903498	9/09/22	1

Purchase Order Number	Customer Acct.	Sales#	Terms	Phone	Ship Via	Order No.
BO 000799	59709	123	NET 30 DAYS		U11	899021

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					
1	0	1	2010A	BX	Step: 1 BRUSH		
1	1		1115A	BX	#FLOSS;4YD;EEZ-THRU;144/BX	30.10	.00
					#FLOSS;4YD;WEAVE;WAXED;144/BX	25.20	25.20
2	0	2	3612A	BX	Step: 3 CUSTOM CARE		
1	0	1	618PA	BX	#IDB;MODERATE SIZ;36/BX;PRO;US	14.30	.00
					IDB REF;36/BX;U.WIDE;TAP;CND	5.20	.00
Order by email per purchasing sg 7/19/22 Purchase Order# BO 000799							

PLEASE PAY FROM THIS INVOICE

1 1/2% SERVICE CHARGE  
ADDED AFTER 30 DAYS  
18% ANNUALLY

Sales Tax .00

Total Invoice 25.20

Paid in Advance .00

Amount Due 25.20

PLEASE SHOW INVOICE AND CUSTOMER NUMBER WHEN REMITTING OR CORRESPONDING

NO CREDIT WILL BE ISSUED FOR UNAUTHORIZED RETURNS. FOR FULL RETURN POLICY SEE [WWW.SUNSTARAMERICAS.COM](http://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 required 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

Please visit [pay.gumbrand.com](http://pay.gumbrand.com) to pay via e-check or credit card.

Customer Login ID: 59709

Initial Password: 5970960137

Once you log in, you will be asked to change your password.

Terr	Cust. Number	Customer Name	Invoice No	Invoice Date	Amount Due
123	59709	College Of Dupage	903498	9/09/22	25.20

Original Invoice

**"Zerrudo, Maria"** <zerrudom@cod.edu>

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**Attached Image**

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**"Zerrudo, Maria"** <zerrudom@cod.edu>

Mon, Sep 19, 2022 at 07:37 PM GMT

CC:

BCC:

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**1 attachment**

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