

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087607
Vendor Name: McKesson Medical-Surgical Inc
Invoice Number: 53046872
Invoice Date: 3/3/2023
PO Number: P0006093
Check Number: 0310305
Check Amount: \$ 295.24
Check Date: 03/14/2023
Voucher Number: V0776728
Document Type: AP Invoice

Document Below

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

Bill To: 58723600

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Invoice

Page 1 of 1

RCHE1DPD01

Shipped From:
MCKESSON MEDICAL-SURGICAL INC(KANSAS CTY
1405 N. CHOUTEAU TRAFFICWAY
KANSAS CITY,MO 64120
SHIPPED FROM LICENSE: 004.001745

Shipped To: 58723601
COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708
Ordered By: CUST EMAIL
REGULATORY LICENSE: MMC_TEACHING

TIN: 94-2640465
DUNS: 02-390-4428

Payment / Account Balance Inquires: 1-800-453-5180
Customer Service: 1-800-877-1919

Sales Order Number	89393998	Invoice Number	53046872
Sales Order Date	03/03/2023	Invoice Date	03/03/2023
PO Number	P0006093	Payment Due Date	04/02/2023
Sales Rep Name	COSS, KAREN A.	Invoice Amount	\$295.24

Notes: By doing business with McKesson, Customer acknowledges that it is familiar with McKesson's Terms of Sale and is responsible for reviewing in full the complete Terms of Sale that apply to this purchase, located at <https://mms.mckesson.com/content/terms-of-sale-primary-care>. McKesson's acceptance of Customer's order was expressly conditioned upon Customer's assent to the complete Terms of Sale.

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com

Invoice Detail

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax	Codes (*)
666097	Vendor: MEDLNE Vend Cat#: DYND70372	SCRUB TRAY, SKIN WET (20/CS) PO LN 1	2	CS	2	147.62	295.24	.00	
Tracking # 1Z2R57A30371396289 1Z2R57A30371400488									
Shipped: 03/03/2023 From: Kansas City Via: UPS GROUND									

SUB TOTAL	FREIGHT	TAX	AMOUNT
\$295.24	\$0.00	\$0.00	\$295.24

The prices on this invoice may be subject to rebates, credits and other price adjustments. You are obligated to properly disclose and appropriately reflect all discounts, including rebates, in claims and costs submitted to federal and state government health care programs (including Medicare and Medicaid) and to provide this invoice and other discount documentation to government authorities on request, in accordance with all applicable laws and regulations, including 42 USC 1320a-7b(b) and the discount safe harbor. In addition, the purchase of products hereunder may qualify customer for discounts on certain purchases made under a distribution agreement between customer and McKesson Corporation.
PRICING IS CONFIDENTIAL AND PROPRIETARY.

Invoice

RCHE1DPD01

McKESSON

McKesson Medical-Surgical, Inc
9954 Mayland Drive Suite 4000
Henrico, VA 23233

COLLEGE OF DUPAGE
SHIPPING AND RECEIVING
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

Account Number	58723600	Date	03/03/2023
Document Number	53046872	Terms	AR NET 30 DAYS
Pay This Amount Before	04/02/2023		\$295.24

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:
MCKESSON MEDICAL SURGICAL
PO BOX 933027
ATLANTA GA 31193-3027

"MMS.Credit@McKesson.com" <MMS.Credit@McKesson.com>

[External] McKesson Medical-Surgical Customer Invoice(s)

"MMS.Credit@McKesson.com" <MMS.Credit@McKesson.com> Sat, Mar 4, 2023 at 02:06 PM UTC

CC:

BCC:

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1 attachment

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