

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1179478  
Vendor Name: P&G Oral Health  
Invoice Number: 1110644921  
Invoice Date: 2/22/2023  
PO Number: B0000824  
Check Number: 0310332  
Check Amount: \$ 223.81  
Check Date: 03/14/2023  
Voucher Number: V0775981  
Document Type: AP Invoice

Document Below



## INVOICE

Andy Conley 2/21/23  
1 of 2

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.: 1110644921  
Invoice Date: 02/22/2023  
Order No.: 2060116754  
Ref Order No.: 2001545531  
Customer P.O. No.: BO 000824  
Due Date: 03/24/2023  
Terms: Net within 30 days - Cash in Bank

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

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 (\$)
80345473	IMP OB Indicator MTB 30sft 1 Case of 144 Items - Per Patient Price \$0.44	10300410108042	2	Case	\$ 63.36	\$ 126.72
80691656	CR CMP Wh Sc Min Fr 72/ 0.85oz 1 Case of 72 Items	10030772043650	2	Case	\$ 0.00	\$ 0.00
80365462	CR Kids Enamel CavProt PST 0.85oz 1 Case of 36 Items	10030772024246	2	Case	\$ 0.00	\$ 0.00
80297304	CR Kids Sparkle CavProt PST 0.85oz 1 Case of 72 Items	10037000401596	1	Case	\$ 0.00	\$ 0.00
80282491	OB Glide PH Advanced FLS 4M 1 Box of 72 Items	20037000299749	2	Box	\$ 0.00	\$ 0.00
84837276	OB Glide PH Deep Clean FLS 4M 1 Box of 72 Items 288 IMP Oral B Imprint Brush Bundle with Paste	20037000143028	2	Box	\$ 0.00	\$ 0.00

-----PLEASE RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT-----

TO THE REMITTANCE ADDRESS NOTED BELOW

\*\*SEE BACK FOR OUR PRODUCT RETURN POLICY\*\*

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

Save a stamp! You can now pay online (eCheck, Visa, Mastercard, American Express, Discover). Go to <https://www.crestoralbproshop.com> and click the "Pay an existing invoice" button. No login required!



Customer Account No.: 2003012078  
Invoice No.: 1110644921  
Due Date: 03/24/2023  
Total Amount (\$) \$ 223.81

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.



## **P&G Oral Health Returns Policy**

### **Product Return Policy**

- To ensure your satisfaction, products may be returned for full credit within 90 days of receipt.
- Credit will not be given for product returned past 90 days.
- Expired product cannot be returned for credit.
- Procter & Gamble will not accept any returns of Crest 3D White Whitestrips Professional Supreme with Advanced SEAL, Crest Whitestrips Supreme Professional, Fixodent, Fluorides or Mouthwashes with the exception of product shipped in error or damaged product.
- Imprinted toothbrushes cannot be returned for credit.

### **Product Return Process**

- A Customer Service Representative must authorize all returns. To request Return Authorization, please call 1-800-543-2577. We will issue a Return Authorization Letter for product being returned. Customers must provide order number, product description, quantities and reason for return. Credit will not be applied to any unauthorized return.
- Customers will be responsible for return shipment costs.
- Returns, accompanied by the Return Authorization Letter, must be shipped to:

Crest Oral-B - Procter and Gamble  
Attn: Return Dept  
1832 Lower Muscatine Road  
Iowa City, IA 52240

### **Damaged Product Returns**

Returns of damaged merchandise or product shipped in error must be accompanied by a Return Authorization Letter. Shipping costs associated with these returns will be covered by P&G Oral Health.

### **Recalls**

In the event of a product recall, P&G Oral Health will notify all customers with regard to the procedures for returning recalled product

### **Terms and Conditions**

P&G Oral Health reserves the right to change product prices, terms and policies related to product sales at any time without notice.

### **Ship from**

Orders are shipped from The Procter & Gamble Distributing LLC, 1832 LWR MUSCATINE RD DOCK7-13, IOWA CITY, IA 52240



Material	Description	UPC (Item)	Quantity	Unit Type	Price (\$)	Amount (\$)
	and Floss					
80366558	OB Pro100 PrecCln BatteryBrush 1 Case of 12 Items	10069055854904	1	Case	\$ 97.09	\$ 97.09
Sub Total (\$)						223.81
Freight (\$)						0.00
Sales Tax (\$)						0.00
Total Amount (\$)						223.81



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

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**Attached Image**

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

Tue, Feb 21, 2023 at 05:10 PM UTC

CC:

BCC:

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**1 attachment**

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