

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1179478

Vendor Name: P&g Distributing Company DbA P&g Oral Health

Check Details:

Check Number: E0108133

Check Amount: \$ 357.85

Check Date: 6/17/2025

Invoice Details:

Invoice Number: 1115250621

Invoice Date: 5/24/2025

PO Number: B0002165

Voucher Number: V0889206

Document Type: AP Invoice

Document Below



INVOICE

1 of 2

The Procter and Gamble Distributing LLC
d/b/a P&G Oral Health
PO Box 2791
Carol Stream, IL 60132-2791

Customer Account No.: 2003012078
Ref Account No.: 1569792
Invoice No.: 1115250621
Invoice Date: 05/24/2025
Order No.: 2064661078
Ref Order No.: 2002220619
Customer P.O. No.: BO 002165
Due Date: 06/23/2025
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

COPY

Material	Description	UPC (Item)	Quantity	Unit Type	Price (\$)	Amount (\$)
80812719	OB KIDS DB3 Frozen Elsa NA 2022 1 Case of 24 Items	10069055125691	1	Case	\$ 105.60	\$ 105.60
80812717	OB KIDS DB3 Spiderman NA 2023 1 Case of 24 Items	10069055136178	1	Case	\$ 105.60	\$ 105.60
80310196	OB Denture Brush 1 Box of 6 Items	10300410810013	6	Box	\$ 2.33	\$ 13.98
13243558	OB End-tufted brush 1 Case of 24 Items	300410856748	5	Case	\$ 4.50	\$ 22.50
80824075	CMW 3DW Clean DG 946mL/4ct US 1 Case of 4 Items	37000618171	1	Case	\$ 18.25	\$ 18.25
80325105	CMW PHA Enamel Care AC 1L/6ct 1 Case of 6 Items	10037000945670	2	Case	\$ 18.00	\$ 36.00
80351354	CMW Breath Bacteria Blast 946mL/6ct 1 Case of 6 Items	10037000824227	1	Case	\$ 18.00	\$ 18.00

-----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). Go to <https://www.crestoralbproshop.com> and click the "Pay an existing invoice" button.



Customer Account No.: 2003012078
Invoice No.: 1115250621
Due Date: 06/23/2025

Total Amount (\$) \$ 319.93

REMITTANCE ADDRESS
The Procter and Gamble Distributing LLC
d/b/a P&G Oral Health
PO Box 2791
Carol Stream, IL 60132-2791

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.



Invoice No.: 1115250621

Sub Total (\$)	319.93
Freight (\$)	0.00
Sales Tax (\$)	0.00
Total Amount (\$)	319.93

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

Attached Image

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

Thu, Jun 12, 2025 at 01:27 PM UTC

CC:

BCC:

1 attachment

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Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1179478

Vendor Name: P&g Distributing Company DbA P&g Oral Health

Check Details:

Check Number: E0108133

Check Amount: \$ 357.85

Check Date: 6/17/2025

Invoice Details:

Invoice Number: 115301443

Invoice Date: 6/4/2025

PO Number: B0002165

Voucher Number: V0889387

Document Type: AP Invoice

Document Below



The Procter and Gamble Distributing LLC
d/b/a P&G Oral Health
PO Box 2791
Carol Stream, IL 60132-2791

INVOICE

Amf only 6/2/2025
1 of 1
6/12/2025

Customer Account No.:	2003012078
Ref Account No.:	1569792
Invoice No.:	1115301443
Invoice Date:	06/04/2025
Order No.:	2064661078
Ref Order No.:	2002220519
Customer P.O. No.:	BO 002165
Due Date:	07/05/2025
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 (\$)
80297304	CR Kids Sparkle CavProt PST 0.85oz 1 Case of 72 Items	10037000401596	2	Case	\$ 18.96	\$ 37.92
Sub Total (\$)						37.92
Freight (\$)						0.00
Sales Tax (\$)						0.00
Total Amount (\$)						37.92

COPY

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Customer Account No.:	2003012078	Total Amount (\$)	\$ 37.92
Invoice No.:	1115301443		
Due Date:	07/05/2025		

REMITTANCE ADDRESS
The Procter and Gamble Distributing LLC
d/b/a P&G Oral Health
PO Box 2791
Carol Stream, IL 60132-2791

Payment Amount: _____
Check in Bank by Due Date

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

Attached Image

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

Thu, Jun 12, 2025 at 01:28 PM UTC

CC:

BCC:

1 attachment

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