

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1083191

**Vendor Name:** BOUND TREE MEDICAL

**Check Details:**

**Check Number:** E0109761

**Check Amount:** \$ 907.96

**Check Date:** 9/30/2025

**Invoice Details:**

**Invoice Number:** 85925905

**Invoice Date:** 9/19/2025

**PO Number:** P0019351

**Voucher Number:** V0904722

**Document Type:** AP Invoice

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**Document Below**



# Bound Tree

Correspondence Address:  
5000 Bradenton Ave  
Dublin, OH 43017-3520  
PHONE: (800) 533-0523  
FAX: (800) 257-5713  
www.boundtree.com

Please Remit To:
<b>BOUND TREE MEDICAL, LLC.</b> 23537 Network Place Chicago, IL 60673-1235

## Invoice

Invoice	85925905
Date	09/19/2025
Page	1 of 1
Account #	100620

TIN# 31-1739487

Customer DEA License No:

COLLEGE OF DUPAGE  
425 FAWELL  
GLEN ELLYN, IL 60137-6599

Ship To: SHIP001  
COLLEGE OF DUPAGE  
425 FAWELL BLVD  
Attn: Brian Baudek, HEC RECEIVING PO:  
P0019351  
GLEN ELLYN, IL 60137-6599

PO Number	Sales Order Number	Account Manager	Shipping Method	Ship Date	Payment Terms			
P0019351	106468322	S HOCHSCHWENDER	FEE < \$150	09/18/2025	NET 30			
Item #	Description	Ordered	Shipped	B/O	Unit Price	UOM	Ext Price	
*****								
	<b>THE FOLLOWING ITEMS SHIPPED FROM:</b>  12 1605 ZEAGER RD SUITE 101 ELIZABETHTOWN, PA 17022 BTM Distributor License No: 004.004488							
2522-01607	Oxygen Bag, Breathsaver, Green, D Size, 27 L x 13 W x 11 H, Zippered Pocket	4	4	0	\$226.99	EA	\$907.96	

Correspondence and inquiries can be sent to:  
5000 Bradenton Ave  
Dublin, OH 43017-3520

Merchandise	907.96
Misc	0.00
Tax	0.00
Freight	0.00
Trade Discount	0.00
Deposit	0.00
Total	907.96

**[External] BoundTree Invoice 85925905**

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BTM Credit <BTMCredit@boundtree.com>

Sat, Sep 20, 2025 at 08:11 AM UTC

CC:

BCC:

.style1 {font-family: "Times New Roman";}

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Please do not send inquiries to this e-mail address. This email address is used to send invoices electronically and is not monitored.

Attached is your most recent invoice from Bound Tree Medical. Should you have any questions upon reviewing the invoice, please contact our Credit and Collections Dept. at 1-800-282-7904, ext. 2 or at [invoices@boundtree.com](mailto:invoices@boundtree.com) and please include your account number.

Thank you! We appreciate your business!

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Remittance Address:  
Bound Tree Medical, LLC  
23537 Network Place  
Chicago, IL 60673-1235  
1-800-533-0523

By submitting payment for this invoice, Customer agrees to the Terms and Conditions on Bound Tree's Website located at <https://www.boundtree.com/terms-and-conditions>

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**1 attachment**

