

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1179478

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

Check Details:

Check Number: E0109683

Check Amount: \$ 341.88

Check Date: 9/23/2025

Invoice Details:

Invoice Number: 1115752949

Invoice Date: 9/14/2025

PO Number: B0002992

Voucher Number: V0904417

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

Handwritten: Cindy Conley 9/16/25

Customer Account No.: 2003310849
Ref Account No.: 1569792
Invoice No.: 1115752949
Invoice Date: 09/14/2025
Order No.: 2065217006
Ref Order No.: 2002304347
Customer P.O. No.: **BO 002992**
Due Date: 10/14/2025
Terms: Net within 30 days - Cash in Bank



*****SNGLP 450 Tray 1 : Piece 291
ATTN:COLLEGE OF D BILL TO
COLLEGE OF DUPAGE
425 FAWELL BLVD
HSC RM 1122
GLEN ELLYN IL 60137

1

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 (\$)
80841996	CR Kids SugBactShield PST 0.85oz 1 Case of 72 Items	10030772099329	1	Case	\$ 18.96	\$ 18.96
80828185	OB Kids Princess 3+yr MTB Xsft 1 Box of 6 Items	30300410105724	2	Box	\$ 2.94	\$ 5.88
80828174	OB Kids Pixar 3+yr MTB Xsft 1 Box of 6 Items	30300410105717	2	Box	\$ 2.94	\$ 5.88
80355775	OB Kids Frozen 3+yr MTB Xsft 1 Box of 6 Items	30300410106158	2	Box	\$ 2.94	\$ 5.88
80345469	IMP OB GumCareCompact MTB 21XSft 1 Case of 144 Items - Per Patient Price \$0.49	10300410106437	2	Case	\$ 70.56	\$ 141.12
80841998	CR PH GumDetoxify PST 0.85oz 1 Case of 72 Items	10030772098988	3	Case	\$ 0.00	\$ 0.00
80841999	CR 3DWhite Brilliance PST 0.85oz	10030772066239	1	Case	\$ 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). Go to <https://www.crestoralbproshop.com> and click the "Pay an existing invoice" button.



Customer Account No.2003310849
Invoice No.: 1115752949
Due Date: 10/14/2025

Total Amount (\$) \$ 341.88

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.



Material	Description	UPC (Item)	Quantity	Unit Type	Price (\$)	Amount (\$)
	1 Case of 72 Items					
80828173	OM303 OB CA Cp Sft 1ct1in POH IMP NAM 1 Case of 144 Items - Per Patient Price \$0.57	10300410107342	2	Case	\$ 82.08	\$ 164.16
80853875	CR PH Gum & Sens PST 0.85oz 1 Case of 36 Items	10030772138752	4	Case	\$ 0.00	\$ 0.00
80841995	CR PH Clean Mint Pst 72/ .85oz 1 Case of 72 Items 288 IMP ORAL B IMPRINT Brush Bundle with Paste	10030772098971	2	Case	\$ 0.00	\$ 0.00
Sub Total (\$)						341.88
Freight (\$)						0.00
Sales Tax (\$)						0.00
Total Amount (\$)						341.88

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

Attached Image

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

Tue, Sep 16, 2025 at 01:58 PM UTC

CC:

BCC:

1 attachment

2185_001.pdf