

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1179478 **Vendor Name:** P&g Distributing Company DbA P&g Oral Health

Check Details:

Check Number: E0114195 **Check Amount:** \$ 748.68 **Check Date:** 6/9/2026

Invoice Details:

Invoice Number: 1116883598 **Invoice Date:** 5/18/2026 **PO Number:** B0002992 **Voucher Number:** V0940124

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

5/28

Cindy Cnls

1 of 1

5/14/26

Customer Account No.: 2003310849
Ref Account No.: 1569792
Invoice No.: 1116883598
Invoice Date: 05/18/2026
Order No.: 2066472470
Ref Order No.: 2002483817
Customer P.O. No.: BO 002992
Due Date: 06/17/2026
Terms: Net within 30 days - Cash in Bank

Bill To: 2003310849
ATTN:COLLEGE OF D BILL TO
COLLEGE OF DUPAGE
425 FAWELL BLVD
HSC RM 1122
GLEN ELLYN IL 60137

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

6/2
still open

Material	Description	UPC (Item)	Quantity	Unit Type	Price (\$)	Amount (\$)
80856398	OB Complete SatinFloss Mint 5.5yd 1 Case of 144 Items	10300416692507	2	Case	\$ 30.24	\$ 60.48
80856398	OB Complete SatinFloss Mint 5.5yd 1 Case of 144 Items 288 IMP ORAL B IMPRINT Brush Bundle with Paste and Floss	10300416692507	1	Case	\$ 0.00	\$ 0.00
Sub Total (\$)						60.48
Freight (\$)						0.00
Sales Tax (\$)						0.00
Total Amount (\$)						60.48

COPY

-----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.: 1116883598
Due Date: 06/17/2026
Total Amount (\$) \$ 60.48

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.

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

Attached Image

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

Tue, Jun 2, 2026 at 01:55 PM UTC

CC:

BCC:

1 attachment

0266_001.pdf

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1179478 **Vendor Name:** P&g Distributing Company DbA P&g Oral Health

Check Details:

Check Number: E0114195 **Check Amount:** \$ 748.68 **Check Date:** 6/9/2026

Invoice Details:

Invoice Number: 1116874274 **Invoice Date:** 5/17/2026 **PO Number:** B0002992 **Voucher Number:** V0940123

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

5/28

Cing Iner 1 of 2

5/14/26

Customer Account No.: 2003310849
Ref Account No.: 1569792
Invoice No.: 1116874274
Invoice Date: 05/17/2026
Order No.: 2066472470
Ref Order No.: 2002483817
Customer P.O. No.: BO 002992
Due Date: 06/16/2026
Terms: Net within 30 days - Cash in Bank

Bill To: 2003310849
ATTN:COLLEGE OF D BILL TO
COLLEGE OF DUPAGE
425 FAWELL BLVD
HSC RM 1122
GLEN ELLYN IL 60137

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

COPY

Still open
6/2

Material	Description	UPC (Item)	Quantity	Unit Type	Price (\$)	Amount (\$)
80345464	IMP OB Sensitive MTB 35xs 1 Case of 144 Items	10068305679014	1	Case	\$ 70.56	\$ 70.56
80799989	IMP OB Indicator MTB 35sft 1 Case of 144 Items	10300410108035	2	Case	\$ 70.56	\$ 141.12
80363699	CR Braces OTG PrecClnBrush 1 Case of 48 Items	10300410109155	1	Case	\$ 123.36	\$ 123.36
80824724	OB Complete SatinFloss Mint 10yd 1 Case of 144 Items	10068305641264	2	Case	\$ 41.76	\$ 83.52
80775811	OB Glide PH Threader FLS, 150ct 1 Box of 1 Items	300410113124	2	Box	\$ 21.06	\$ 42.12
80799987	OM323 OB Ind 30S 1ct1in POH IMP NAM 1 Case of 144 Items - Per Patient Price \$0.79	10300410108042	2	Case	\$ 113.76	\$ 227.52
80841998	CR PH GumDetoxify PST 0.85oz	10030772098988	2	Case	\$ 0.00	\$ 0.00

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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.: 1116874274
Due Date: 06/16/2026

Total Amount (\$) \$ 688.20

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.



Cindy CMS 2 of 2

5/14/26

Invoice No.: 1116874274

Material	Description	UPC (Item)	Quantity	Unit Type	Price (\$)	Amount (\$)
	1 Case of 72 Items					
80841996	CR Kids SugBactShield PST 0.85oz 1 Case of 72 Items	10030772099329	1	Case	\$ 0.00	\$ 0.00
80779741	OB Glide Deep Clean 1 X4M/1728cs 1 Box of 72 Items 288 IMP ORAL B IMPRINT Brush Bundle with Paste and Floss	20030772137295	2	Box	\$ 0.00	\$ 0.00
					Sub Total (\$)	688.20
					Freight (\$)	0.00
					Sales Tax (\$)	0.00
					Total Amount (\$)	688.20

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

Attached Image

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

Tue, Jun 2, 2026 at 01:55 PM UTC

CC:

BCC:

1 attachment

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