

Information:

Drawer: Accounts Payable - Invoices **Vendor Number:** 1517815 **Vendor Name:** Stryker Sales Corporation,D/B/A Stryker Medical

Check Details:

Check Number: 0353624 **Check Amount:** \$ 45,148.84 **Check Date:** 6/23/2026

Invoice Details:

Invoice Number: 9212401577 **Invoice Date:** 5/26/2026 **PO Number:** P0022079 **Voucher Number:** V0942499

Document Type: AP Invoice

Document Below

1941 Stryker Way, Suite A
Portage, MI 49002 USA

Invoice
9212401577

Bill to: 246027

COLLEGE OF DUPAGE
ATTN: ACCOUNTS PAYABLE DEPARTMENT
425 FAWELL BLVD
GLEN ELLYN IL 60137 - 6708

Ship to

246027

COLLEGE OF DUPAGE
BRIAN BAUDEK
425 FAWELL BLVD
GLEN ELLYN IL 60137-6708

For product related inquiries please contact:
Stryker Medical Customer Service: 800-327-0770
For accounts and billing related inquiries please contact:
Stryker account receivable: 800-733-2383(Option 2)

Customer Information

Invoice #	9212401577
Invoice Date	05/26/2026
Currency	USD
Payer Number	246027
Payer Name	COLLEGE OF DUPAGE

Remit to :

Electronic Payments: JPMorgan Chase ABA 071000013 (ACH) Account: 1035237 ABA 021000021 (WIRE) SWIFT Code: CHASUS33XXX	Checks: Stryker Sales, LLC 21343 NETWORK PLACE CHICAGO IL 60673-1213 USA
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Please transmit in CTX format. If CTX is not possible, please send remittance information by email to EFTpayments@stryker.com

Header Information

Customer PO	P0022079		
Payment Terms	Net due in 30 days	Payment Due Date	06/25/2026
Terms of Delivery	PCD		
	Destination		

Item	Item#/GTIN	Description	Quantity / Unit	Unit Price	Extended Price
1	96577-000021 GTIN: 00883873784617	15AABBABBABBBAAAAAAAAABFLP15 MONITOR/DEF Serial Number 55290519 55290524	2 PC	22,314.69	44,629.38
2	41577-000284 GTIN: 00883873870273	LP15 ACCRY SHIPKIT,AHA,S Batch Number 0001419020 0001419021	2 PC	0.00	

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3	11140-000080	CABLE-EXTERNAL POWER, EXTENSION	2 PC	246.40	492.80
	GTIN: 00883873933466	Batch Number 0326			

Item Total	45,122.18
Freight and Handling	26.66
Gross Amount	45,148.84

BRIAN BAUDEK
Service Level Ground
Carrier UPS
Tracking Numbers 519021103230

The purchase of products pursuant to this invoice is subject to Stryker's then current terms of sale set forth at (see www.stryker.com/stnc). Any different or additional terms on any purchase order or other document submitted by Buyer are expressly rejected by Stryker. Acceptance of Buyer's purchase order and shipping of Stryker product to Buyer does not serve as acceptance of any such different or additional terms.

The total price shown on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to rebates or additional discounts for which separate documentation is provided by Stryker. Customer must (1) claim the value of all discounts and rebates in the fiscal year earned or immediately following fiscal year, (2) properly report and appropriately reflect and allocate prices paid net of all discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payers as may be required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

STRYKER RESERVES THE RIGHT TO CHARGE A 1.5% MONTHLY FINANCE CHARGE (18% PER ANNUM) ON ALL AMOUNTS REMAINING UNPAID AT THE END OF THE NET PERIOD.

NO MERCHANDISE WILL BE ACCEPTED FOR RETURN WITHOUT PRIOR AUTHORIZATION. TO OBTAIN A RETURN AUTHORIZATION OR TO REPORT DISCREPENCIES, PLEASE CALL CUSTOMER SERVICE AT THE NUMBER INDICATED ABOVE. Please refer to www.stryker.com/returnpolicy for Stryker's product return policies.

[External] Stryker Medical Invoice

StrykerEmail <StrykerSAPInvoices@stryker.com>

Wed, May 27, 2026 at 01:03 PM UTC

CC:

BCC:

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Hello,

Please see attached for your most recent invoice. If you have any questions regarding your invoice.

Please advise immediately if there are any discrepancies so we can address accordingly.

For billing related inquiries please contact Stryker Accounts Receivable: 800 733 2383 and medicalarinquiries@stryker.com

We appreciate your business and look forward to the continued opportunity to provide you with outstanding products and services.

Please do not hesitate in reaching out if you have any additional questions or concerns.

****If this invoice includes taxes and you are tax-exempt, please notify us by emailing medicalarinquiries@stryker.com.**

Attach a copy of your Tax Exempt Certificate form along with the details of your dispute regarding the taxed amount.

Please include account number, account name and Stryker division.

1 attachment

May_26_2026_121513269_164.pdf