

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1658904

Vendor Name: Performance Health Supply LLC

Check Details:

Check Number: 0344289

Check Amount: \$ 100.18

Check Date: 9/30/2025

Invoice Details:

Invoice Number: IN99008594

Invoice Date: 7/30/2025

PO Number: P0018435

Voucher Number: V0904558

Document Type: AP Invoice

Document Below



Invoice # IN99008594

Date: 07/30/2025

Performance Health Supply, LLC
3333 Finley Road, Suite 575
Downers Grove, IL 60515

Web Site: <https://www.medco-athletics.com>
Customer Service #: 800-556-3326
Email: customersupport@medcosupply.com

Remit Payment By Mail

Medco Supply Company
21773 Network Place
Chicago, IL 60673-1217

Remit Payment By ACH

Account Name: Performance Health Supply, LLC
Account Number: 662636265
Bank Name: JPMorgan Chase Bank N.A.
Routing Number: 071000013

Ship To

Customer Number: 200007269
Jane Vatchev
College of DuPage Shipping & Receiving
425 Fawell Blvd
Glen Ellyn IL 60137-6708
United States
GLN #

Bill To

Customer Number: 200007269
College of Dupage
425 Fawell Blvd
Glen Ellyn IL 60137-6708
United States
State Med Lic #:

Sales Order #	Terms	Due Date	PO #	Sales Rep	Tracking Numbers
SOMD10190400	Net 30	08/29/2025	P0018435	Sallie M Cripps	472187987906

Item	Alternate Item	Description	Ordered	Shipped	Back Ordered	UOM	Unit Price	Amount
557958		Foot/Ankle	1	1	0	EA	\$100.18	\$100.18
Subtotal								\$100.18
Discount Item								
Shipping&Handling								\$0.00
Tax Total								\$0.00
Total								\$100.18

Create a **FREE** online account on the [Medco](#), [Masune](#), or [Surgical Supply Service](#) websites and link your existing account to enjoy one-click reordering, access your order history, download your invoices, and choose paperless billing. Your administrator may view or update your paperless billing selection at any time under **Account Settings > Paperless Billing Preferences**.

Please note that it is the customer's responsibility to inspect all packages for any damages upon delivery. Any damages, shortages or other discrepancies must be marked accordingly on shipping documents and reported to our customer service department within 5 days. Failure to report within the time frame will void any warranties, implied or written. Medco cannot be responsible for any discrepancies not reported within the time range stated above.

For information on our returns policy, please visit www.medco-athletics.com/help.

2000072699900859407302598000100186



Invoice # IN99008594

Date: 07/30/2025

We've moved! Please note our new address

2000072699900859407302598000100186

"Smith, Bev" <smithb244@cod.edu>

Attached Image

"Smith, Bev" <smithb244@cod.edu>

Mon, Aug 4, 2025 at 07:02 PM UTC

CC:

BCC:

1 attachment

0862_001.pdf