

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1084189  
Vendor Name: Dentsply  
Invoice Number: 46140592  
Invoice Date: 05/27/20  
PO Number: B0365874  
Check Number: 0269049  
Check Amount: \$ 840.00  
Check Date: 06/23/2020  
Department ID: 00153  
Reviewer Name: Jessica Lang  
Voucher Number: V0630249  
Redaction Type: None  
Document Type: AP Invoice

Document Below

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From: fiskc@cod.edu  
Sent: Tue Jun 16 10:23:01 CDT 2020  
To: invoicing@cod.edu  
CC: langj@cod.edu  
Subject: dentsply 592  
-----

Please process the attached invoice.



Dentsply North America LLC  
221 W.Philadelphia St., Suite 60W  
York, PA 17401  
www.dentsplysirona.com

Page  
1 of 2

Invoice  
46140592

Date  
5/27/2020

## Invoice

Invoice to: COLLEGE OF DUPAGE  
HSC 1122  
425 FAWELL BLVD  
GLEN ELLYN, IL 60137-6599

Ship to: LORI DRUMMER  
1048 PARKVIEW CIRCLE  
CAROL STREAM, IL 60188

Cust No. 204400	Shipped Via UPSGD	Order No. SO6243855	Sls No.	Terms Net 30 days	MFG 006	P.O. Date	P.O. No. BO365874
Item number	Description		Quantity	Unit	Unit price		Amount
11000	PLEASE REFERENCE PO# BO365874 ON ALL DOCUMENTS JC						
	UPPER VENTRAL HYPERMIMESIS		7	EA	121.14		840.00
Batch number : 00044907    Manufacturing Date 2020/05/05							

APPROVED

06/17/20 - DILYSS GALLYOT

INVOICE REVIEWED

OKAY TO PAY

JESSICA LANG 06/16/20

\*\*\*Past due balances are subject to 1.5% per month finance charge.\*\*\*  
For A/R questions, please contact us at DealerCollections@dentsplysirona.com .

Subtotal	840.00
Total Tax	0.00
Handling	0.00
Total	840.00
Paid Credit Card	0.00
Amount Due	840.00
Currency	USD

### IF PAID BY CC OR COD, DO NOT DUPLICATE PAY

Please Remit to Address below  
Dentsply Sirona Inc  
Dept.DNA  
P. O. Box 536935  
Atlanta, GA 30353-6935

Complete the following to charge your balance  
on:

- ( ) Mastercard  
( ) Visa  
( ) American Express  
( ) Discover

Card # \_\_\_\_\_

Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

Cust No. 204400	Date 5/27/2020	Invoice 46140592	Amount 840.00
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Dentsply North America LLC  
221 W.Philadelphia St., Suite 60W  
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Page 2 of 2	Invoice 46140592
Date 5/27/2020	

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\*\*\*To the extent required by law, buyer must (i) fully and accurately disclose the amount of this discount in any cost report or claim for reimbursement submitted to Medicare, Medicaid or other federal healthcare program; and (ii) comply with any request to provide documentation of the discount to representatives of the Secretary of Department of Health and Human Services and State agencies. Refer to the Terms and Conditions for all requirements.\*\*\*

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Cust No.	Date	Invoice	Amount
204400	5/27/2020	46140592	840.00