

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1084189
Vendor Name: Dentsply
Invoice Number: 46134291
Invoice Date: 04/06/20
PO Number: B0365874
Check Number: 0270857
Check Amount: \$ 154.96
Check Date: 07/14/2020
Department ID: 00153
Reviewer Name: Jessica Lang
Voucher Number: V0634766
Redaction Type: None
Document Type: AP Invoice

Document Below

From: zerrudom@cod.edu

Sent: Wed Jul 08 16:24:44 CDT 2020

To: invoicing@cod.edu

CC:

Subject: Attached Document

From: fiske@cod.edu
Sent: Wed Jul 08 13:48:26 CDT 2020
To: invoicing@cod.edu
CC: langj@cod.edu
Subject: Dentsply

Hi, Please pay attached invoices. Sorry they are coming 2 at a time.
Cindy Conley



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

Page 1	Invoice 46134291
Cust No. 204400	Date 04/06/2020

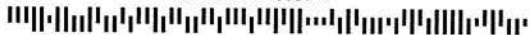


Temp - Return Service Requested

INVOICE

Invoice To:

9133000170 PRESORT PBPS001 <>



COLLEGE OF DUPAGE
HSC 1122
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

Ship To:

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

Order No.	Shipped Via	Sls No.	Terms	MFG	RMA No.	P.O. Date	PO No.
SO6177408	UPSGD		Net 30 days				BO365874
Item Number	Description			Quantity	Unit	Unit Price	Amount
130038	<DRUG> NUPRO BERRY-CHERRY FL RINSE, 63 OZ			2.00	EA	38.74	77.48
Batch:	0004271						
Tracking Number:	1ZV419A80340509517						
PLEASE REFERENCE PO# BO365874 ALL DOCUMENTS CINDY CONLEY KLR							

APPROVED

07/13/20 - DILYSS GALLYOT

INVOICE REVIEWED

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

Subtotal	77.48
Total Tax	0.00
Handling	0.00
Total	77.48
Paid Credit Card	0.00
Amount Due	77.48
Currency	USD

IF PAID BY CREDIT CARD DO NOT PURCHASE PAY

JESSICA LANG 07/08/20

Please detach and return this portion with your payment.

Please Remit to Address below

Complete the following to charge your balance on:

Dentsply Sirona Inc
Dept.DNA
P. O. Box 536935
Atlanta, GA 30353-6935



Card #: _____

Exp. Date: _____

Signature: _____

Wiring Instructions:

PNC Bank
ABA#: 031000053
SWIFT#: PNCCUS33
Acct: Dentsply Sirona Inc.
Acct#: 8611723909

Cust No.	Date	Invoice	Amount
204400	04/06/2020	46134291	77.48

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.

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1084189

Vendor Name: Dentsply

Invoice Number: 46124252

Invoice Date: 03/16/20

PO Number: B0365874

Check Number: 0270857

Check Amount: \$ 154.96

Check Date: 07/14/2020

Department ID: 00153

Reviewer Name: Jessica Lang

Voucher Number: V0634767

Redaction Type: None

Document Type: AP Invoice

Document Below

From: fiske@cod.edu
Sent: Wed Jul 08 13:48:26 CDT 2020
To: invoicing@cod.edu
CC: langj@cod.edu
Subject: Dentsply

Hi, Please pay attached invoices. Sorry they are coming 2 at a time.
Cindy Conley



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

Page 1	Invoice 46124252
Cust No. 204400	Date 03/16/2020



Temp - Return Service Requested

INVOICE

Invoice To:

3058000487 PRESORT PBPS001 <>



COLLEGE OF DUPAGE
HSC 1122
425 FAWELL BLVD
GLEN ELLYN IL 60137-6599

Ship To:

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

Order No.	Shipped Via	Slis No.	Terms	MFG	RMA No.	P.O. Date	PO No.
SO6177408	UPSGD		Net 30 days				BO365874
Item Number	Description	Quantity	Unit	Unit Price	Amount		
130036 Batch: 0004268 Tracking Number: 1ZV19A3036572481	<DRUG> NUPRO MINT FL RIN APPROVED 07/13/20 - DILYSS GALLYOT PLEASE REFERENCE PO# BO365874 ON ALL DOCUMENTS CINDY CONLEY KLR	2.00	EA	38.74	77.48		

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

Subtotal	77.48
Total Tax	0.00
Handling	0.00
Total	77.48
Paid Credit Card	0.00
Amount Due	77.48
Currency	USD

IF PAID BY CC OR COD, DO NOT DUPLICATE PAY

Please detach and return this portion with your payment.

Please Remit to Address below	Complete the following to charge your balance on:
Dentsply Sirona Inc. Dept.DNA P O. Box 536935 Atlanta, GA 30353-6935	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Card #: _____
	Exp. Date: _____
	Signature: _____
Wiring Instructions:	
PNC Bank ABA#: 031001563 SWIFT: PNCCUS33 Acct: Dentsply Sirona Inc. Acct#: 8611723909	JESSICA LANG 07/08/20
	Cust No. 204400 Date 03/16/2020 Invoice 46124252 Amount 77.48

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.