

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087487
Vendor Name: Patterson Dental
Invoice Number: 6105290412
Invoice Date: 07/10/20
PO Number: B0370254
Check Number: E0081039
Check Amount: \$ 2,626.69
Check Date: 07/29/2020
Department ID: 00153
Reviewer Name: Jessica Lang
Voucher Number: V0636612
Redaction Type: None
Document Type: AP Invoice

Document Below

From: fiskc@cod.edu
Sent: Tue Jul 14 12:16:02 CDT 2020
To: fiskc@cod.edu,invoicing@cod.edu
CC:
Subject: Scanned from a Xerox Multifunction Printer

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Wm's copy 7/19/20

INVOICE#: 6105290412

**PATTERSON
DENTAL**

S COLLEGE OF DUPAGE-HYGIENE
O DENTAL HYGIENE DEPARTMENT
L 425 FAWELL AVE
D GLEN ELLYN IL 60137-6708

S Patterson Dental Supply, Inc.
O CHICAGO Branch
L 1226 MICHAEL DRIVE
D SUITE G
B WOOD DALE IL 60191-1005
Y

Date: 07/10/20 5:32 PM

Customer P.O.: 80370-254
Account: NA

Customer #: 610228198

Advantage level: Institute

Item# Ordered Ship to kg Mfr Catalog#

07 1179157 12 12 EA EAGLES PMCS

Item Description

Sold By Wholesale 004-001803
This invoice is bill only.
SUPPORT CLINICAL MONTHLY

Unit Price Amount Tax SC

199.00 2388.00 31

**APPROVED
07/21/20 - DILYSS GALLYOT**

**INVOICE REVIEWED
OKAY TO PAY
JESSICA LANG 07/15/20**

BD 370-254

Total 12

Subtotal 2388.00

Total 2388.00

Payment Terms:
Payment due upon receipt of statement.
Overdue balance is subject to service
charge not to exceed 1.5% per month.
To pay by invoice, send a copy of invoice(s)
with remittance to: Patterson Dental Supply Inc.
28244 Network Place, Chicago, IL 60673-1282

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087487
Vendor Name: Patterson Dental
Invoice Number: 3005943808
Invoice Date: 07/13/20
PO Number: B0370254
Check Number: E0081039
Check Amount: \$ 2,626.69
Check Date: 07/29/2020
Department ID: 00153
Reviewer Name: Jessica Lang
Voucher Number: V0637010
Redaction Type: None
Document Type: AP Invoice

Document Below

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PATTERSON[®] DENTAL

COLLEGE OF DUPAGE-HYGIENE
DENTAL HYGIENE DEPARTMENT
425 FAIWELL AVE
GLEN ELLYN IL 60137-
US

Customer #: 02000851

Bill Cust #:
Loyalty Status

Institution

Patterson Dental Supply, Inc.
1226 MICHAEL DRIVE SUITE G
WOOD DALE IL 60191-1005
US

Telephone: 630-616-8202
Representative: Anthony Skrobowski

Ship Date: Jul 13, 2020 1:04:18 PM
Invoice Date: Jul 14, 2020
Customer P.O.: BO 370 254
Shipped From:
Patterson Dental Supply, Inc.
1226 MICHAEL DRIVE SUITE G
WOOD DALE IL 60191-1005
US

Order #	Pack Slip #	Invoice #
0612640825		3005943808

INVOICE

Check under 7/16/20

**INVOICE REVIEWED
OKAY TO PAY
JESSICA LANG 07/20/20**

**APPROVED
7/21/20 - DILYSS GALLIYOT**

We acknowledge if you infection control product order measures to ensure continuity of supply. These items are being monitored as we work with our manufacturing and Patterson Dental supply chain teams to meet the order head of all Patterson customers. ALL SALES OF INFECTION CONTROL ITEMS ARE FINAL AND NOT RETURNABLE. Customer may be obligated under federal law to disclose information from this invoice to Medicare, Medicaid or similar state, federal or private payers for payment or review if any prices for products provided herein are subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DISCLOSURE law transaction statements, info and history documents available to you by TraceLink. Enter <https://app.tracelink.com/login> into your web browser to access this info. A one-time registration is required.

Description
BAYER ASPIRIN 2PK 50/BX MULTI

Unit Price
\$ 31.51

Amount
\$ 31.51

Sub Total	\$ 31.51
Local Tax	0%
State Tax	0%
Shipping and Handling	\$ 1.42
Discount	\$ 1.42
Total	\$ 31.51

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 3005943317

Invoice Date: 07/14/20

PO Number: B0370254

Check Number: E0081039

Check Amount: \$ 2,626.69

Check Date: 07/29/2020

Department ID: 00153

Reviewer Name: Jessica Lang

Voucher Number: V0637014

Redaction Type: None

Document Type: AP Invoice

Document Below

From: fiskc@cod.edu
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PATTERSON[®] DENTAL

COLLEGE OF DUPAGE-HYGIENE
DENTAL HYGIENE DEPARTMENT
425 FAWELL AVE
GLEN ELLYN IL 60137-6708
US

Customer #: 02060479

Bill Cus #: 02060479
Loyalty Status: Institution

Patterson Dental Supply, Inc.
1226 MICHAEL DRIVE SUITE G
WOOD DALE IL 60191-1005
US

Telephone: 630-616-8202
Representative: Anthony Skrobowski

Ship Date: Jul 13, 2020 12:59:24 PM
Invoice Date: Jul 14, 2020
Customer P.O.: BO 370 254
Shipped From:
Patterson Logistics Services, Inc.
7055 CLEVELAND RD
SOUTH BEND IN 46628-7724
US

Order #	Pack Slip #	Invoice #
0612640825	8008160544	3005943317

INVOICE

Only Conley 7/16/20

**INVOICE REVIEWED
OKAY TO PAY
JESSICA LANG 07/20/20**

**APPROVED
07/21/20 - DILYS CALIOT**

Product #	Ordered	Shipped	Unit	Vendor	Description	Unit Price	Amount
0083330	2,000	2,000	EA	RATT	FACE SHIELD CLEAR REF 100/PK	\$ 103.59	\$ 207.18
0088748	1	0	BX	PO	BAYER ASPIRIN 2PK 50/BX MULT		
					Items to be drop shipped from the vendor.		

We acknowledge that our products are not being delivered in full. Patterson Dental implemented special measures to ensure continuity of supply. These items are being monitored as we work with our manufacturing and Patterson Dental supply chain teams to meet the order needs of all Patterson customers. ALL SALES OF INFECTION CONTROL ITEMS ARE FINAL AND NOT RETURNABLE. Customer may be obligated under federal law to disclose information from the invoice to Medicare, Medicaid, or similar state, federal or private payers for payment or review if any prices for products provided herein are subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DISCLOSURES law transaction statements, info and history documents available to you by TraceLink. Enter <https://app.tracelink.com/login> into your web browser, to access this info. A one-time registration is required.

Sub Total	\$ 207.18
Local Tax	0%
State Tax	0%
Shipping and Handling	\$ 9.33
Discount	\$ 9.33
Total	\$ 207.18