

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1082014
Vendor Name: American Dental Association
Invoice Number: 2956935
Invoice Date: 02/08/21
PO Number: P0372328
Check Number: 0277222
Check Amount: \$ 50.40
Check Date: 03/09/2021
Department ID: 00153
Reviewer Name:
Voucher Number: V0662213
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: fiskc@cod.edu <fiskc@cod.edu>
Sent: Fri Feb 19 10:11:37 CST 2021
To: fiskc@cod.edu, invoicing@cod.edu
CC:
Subject: Scanned from a Xerox Multifunction Printer

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Attachment File Type: pdf, Multi-Page

Multifunction Printer Location: machine location not set
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**ADA American
Dental
Association®**

Invoice

*Cred Only
2/19/21*

Ship To:

College of Dupage - Dental Hygiene Program
College of DuPage Shipping & Receiving
425 Fawell Blvd
PO #372328
Glen Ellyn, IL 60137-6708

Invoice Number: 2956935

Order Date: 02/08/2021

Customer Number: 544135

Bill To:

College of Dupage - Dental Hygiene Program
425 Fawell Blvd
Accounts Payable, SRC 2049
PO #372328
Glen Ellyn, IL 60137-6708

3 WAY MATCH

AMOUNT DUE: **\$50.40**

ADA Customer ID #	Customer PO	Payment Method	Payment Term
544135	372328	Purchase Order	Due Upon Receipt
Representative	Shipping Method	Ship Date	
Tressa Greer	UPS Ground commercial	02/09/2021	
Quantity	Item Description	Unit Price	Extended
1	J059BT - ADA Dental Drug Handbook: A Quick Reference	\$39.95	\$39.95

Please remit check payments to:

American Dental Association
28094 Network Place
Chicago, IL 60673-1280

Subtotal	\$39.95
Sales Tax	\$0.00
Shipping/Handling	\$10.45
Grand Total	\$50.40
Payment Total	\$0.00
Amount Due	\$50.40

To pay by credit card, please fill out this form and mail it to the Remit to address. If payment via phone is preferred, please send a request with your contact information to accountsreceivable@ada.org, then you will be contacted by phone for the credit card information.

Circle One: Visa Mastercard American Express

Card Number: _____

Name on Card: _____

Signature of Card Holder: _____

Contact Phone #: _____

Expiration Date: _____