

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 3010716827

Invoice Date: 02/17/21

PO Number: B0370254

Check Number: E0083561

Check Amount: \$ 1,279.69

Check Date: 03/03/2021

Department ID: 00153

Reviewer Name: Jessica Lang

Voucher Number: V0662541

Redaction Type: None

Document Type: AP Invoice

Document Below

From: fiskc@cod.edu <fiskc@cod.edu>
Sent: Wed Feb 24 10:14:57 CST 2021
To: fiskc@cod.edu, invoicing@cod.edu
CC:
Subject: Scanned from a Xerox Multifunction Printer

Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Printer.

Attachment File Type: pdf, Multi-Page

Multifunction Printer Location: machine location not set
Device Name: Printer-285

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

PATTERSON DENTAL

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

Question #: 0200085768

License #:

Bill Cust #: 0200040696
Loyalty Status: In titution

Practitioner:

Telephone: 630-616-8202
Representative: Anthony Skrobowski

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

Handwritten signature
9/21/21

INVOICE

Order #	Pack Slip #	Invoice #
0614950160	8012322076	3010716827

Ship Date: Feb 17, 2021 6:28:12 PM
Invoice Date: Feb 17, 2021
Customer P.O.: BO 370 254
Shipped From: Patterson Logistics Services, Inc.
7055 CLEVELAND RD
SOUTH BEND IN 46628-7724
US

**INVOICE REVIEWED
OKAY TO PAY
JESSICA LANG 02/24/21**

**APPROVED
02/26/21 - DILYSS GALLYOT**

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
73244000	1.000	EA	FLDW	19298	898-P	SWIVEL SAFELIGHT W/SENSOR RL-500 2021 LBL HOLOGRAPHIC GREEN 500/RL	\$ 155.99	\$ 155.99
71200038	0	ROL	POS	AVE47393		Items to be drop shipped from the vendor. PK-25 FOLDER 2-POCKET AVERY ASST CLRS ASSORTED 25/PK		
7014720	0	PAK	POS			Items to be drop shipped from the vendor.		

Total	1							
-------	---	--	--	--	--	--	--	--

Payment Terms
Net due 60 days from inv date

Remit Payment to:
Patterson Dental Supply, Inc.
28244 Network Place
Chicago IL 60673-1282

We apologize if your infection control product order has not been 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 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 DSCSA/state 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	\$ 155.99
Local Tax	0.00 %
State Tax	0.00 %
Shipping and Handling	\$ 8.51
Discount	\$ 8.51-
Total	\$ 155.99

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087487
Vendor Name: Patterson Dental
Invoice Number: 3010759263
Invoice Date: 02/19/21
PO Number: B0370254
Check Number: E0083561
Check Amount: \$ 1,279.69
Check Date: 03/03/2021
Department ID: 00153
Reviewer Name: Jessica Lang
Voucher Number: V0662644
Redaction Type: None
Document Type: AP Invoice

Document Below

From: fiskc@cod.edu <fiskc@cod.edu>
Sent: Fri Feb 26 10:58:36 CST 2021
To: fiskc@cod.edu, invoicing@cod.edu
CC:
Subject: Scanned from a Xerox Multifunction Printer

Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Printer.

Attachment File Type: pdf, Multi-Page

Multifunction Printer Location: machine location not set
Device Name: Printer-285

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

PATTERSON DENTAL

COLLEGE OF DENTISTRY
DENTAL HYGIENE DEPARTMENT
425 FAWELL AVE
ALEXANDRIA, IL 60101-5718
US

Bill Cust #:
Loyalty Status:

0200040696
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: Feb 19, 2021 3:05:27 PM
Invoice Date: Feb 19, 2021
Customer P.O.: BO 370 254
Shipped From:
Patterson Logistics Services, Inc.
925 CAROLINA PINES BLVD STE B
BLYTHEWOOD SC 29016-7926
US

Order #	Pack Slip #	Invoice #
0615310606	8012365993	3010759263

INVOICE

*Chief Clerk
Feb 26/21*

**INVOICE REVIEWED
OKAY TO PAY
JESSICA LANG 02/26/21**

**APPROVED
02/26/21 - DILYSS GALLYOT**

Product #	Ordered	Shipped	Unit	Vendor	Description	Unit Price	Amount
-----------	---------	---------	------	--------	-------------	------------	--------

726-068	72000	600	BX	ANSELL	GLOVE ULTRAFORM NITRIL PF EXTRA SMALL 3	\$ 69.53	\$ 486.71
---------	-------	-----	----	--------	---	----------	-----------

Total	7	7					
-------	---	---	--	--	--	--	--

We apologize if your infection control product order has not been delivered in time. 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 this invoice to Medicare, Medicaid, or similar state, federal or private payors 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 DSCSA/state 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		\$ 486.71
Local Tax	0%	\$0.00
State Tax	0%	\$0.00
Shipping and Handling		\$ 10.75
Discount		\$ 10.75

Terms of Payment
Net due 60 days from inv date
Remit Payment 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: 3010769613
Invoice Date: 02/20/21
PO Number: B0370254
Check Number: E0083561
Check Amount: \$ 1,279.69
Check Date: 03/03/2021
Department ID: 00153
Reviewer Name: Jessica Lang
Voucher Number: V0662645
Redaction Type: None
Document Type: AP Invoice

Document Below

From: fiskc@cod.edu <fiskc@cod.edu>
Sent: Fri Feb 26 10:58:44 CST 2021
To: fiskc@cod.edu, invoicing@cod.edu
CC:
Subject: Scanned from a Xerox Multifunction Printer

Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Printer.

Attachment File Type: pdf, Multi-Page

Multifunction Printer Location: machine location not set
Device Name: Printer-285

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

INVOICE REVIEWED OKAY TO PAY JESSICA LANG 02/26/21

APPROVED
02/26/21 - DILYSS GALLYOT

PATTERSON
DENTAL

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

Customer #: 2000085769
Gally S. S.: Institution
Bill Cust: 2000040696

S
H
I
P
T
O

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

Telephone: 630-616-8202
Fax: 630-616-8207

Invoice 3010769613

Date: 2021-02-20
Reference Number: 9001612760

Customer P.O.:

Ship From

Chicago (D)
1226 MICHAEL DRIVE SUITE G
WOOD DALE IL 60191-1005
US

BO 370-254

David Lang
2/26/21

Date	Con. No.	Prod. of Loc.	Description	Quantity	Unit	Unit Price	Amount
2021-02-19	9001612760	20000000	Seal	1.000	HR	\$332.70	332.70
2021-02-19	9001612760	20000043	OFFICE CALL FEE	1.000	EA	\$95.70	95.70
2021-02-19	9001612760	20000022	Travel Hours Non-Billable	0.700	HR	\$0.00	0.00
Sub Total							\$ 428.40
Local Tax							0.00 %
State Tax							0.00 %
Total							\$ 428.40

Payment Terms

Net due 60 days from inv date

Remit Payment 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: 3010804234
Invoice Date: 02/23/21
PO Number: B0370254
Check Number: E0083561
Check Amount: \$ 1,279.69
Check Date: 03/03/2021
Department ID: 00153
Reviewer Name: Jessica Lang
Voucher Number: V0662646
Redaction Type: None
Document Type: AP Invoice

Document Below

From: fiskc@cod.edu <fiskc@cod.edu>
Sent: Fri Feb 26 10:58:28 CST 2021
To: fiskc@cod.edu, invoicing@cod.edu
CC:
Subject: Scanned from a Xerox Multifunction Printer

Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Printer.

Attachment File Type: pdf, Multi-Page

Multifunction Printer Location: machine location not set
Device Name: Printer-285

[attachment: Scanned from a Xerox Multifunction Printer.pdf]

Andy Only 2/26

INVOICE

Order #	Pack Slip #	Invoice #
0615235417	8012401370	3010804234

PATTERSON DENTAL

COLLEGE OF DENTISTRY
DENTAL HYGIENE DEPARTMENT
1226 MICHAEL DRIVE SUITE G
WOOD DALE IL 60191-1005
US

Customer #: 020006766

Bill Cust #: 0200040696
Loyalty Status: Institution

Telephone: 630-616-8202
Representative: Anthony Skrobowski

Ship Date: Feb 22, 2021 11:29:02 AM
Invoice Date: Feb 23, 2021
Customer P.O.: BO 370 254
Shipped From:
Patterson Logistics Services, Inc.
7055 CLEVELAND RD
SOUTH BEND IN 46628-7724
US

**INVOICE REVIEWED
OKAY TO PAY
JESSICA LANG 02/26/21**

**APPROVED
02/26/21 - DILYSS GALLYOT**

Product #	Order #	Unit	Vendor	Description	Unit Price	Amount
14001076	5000	BX	ANSELL	GLOVE ULTRAFORM NITRIL PF SMALL 300/BX	\$ 69.53	\$ 208.59

We apologize if your infection control products order has not shipped yet. 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 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 DSCSA state 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	Local Tax	State Tax	Shipping and Handling	Discount
\$ 208.59	0%	\$0.00	\$ 6.09	

Terms of Payment
Net due 60 days from inv date
Remit Payment to:
Patterson Dental Supply, Inc.
28244 Network Place
Chicago IL 60673-1282

Total	
\$ 208.59	