

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1545669
Vendor Name: Darby Dental Supply, LLC
Invoice Number: 9527181
Invoice Date: 05/19/21
PO Number: P0373764
Check Number: 0281609
Check Amount: \$ 1,615.50
Check Date: 06/08/2021
Department ID: 00153
Reviewer Name:
Voucher Number: V0682716
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below



Amg Conly
5/15/21

www.darbydental.com

Sold To:	Ship To:	Customer No.
College of Dupage Dental Hygiene Program - HSC 1122 425 Fawell Blvd Glen Ellyn IL 60137	Edward R Chavez DDS College of Dupage Dental Hygiene Program - HSC 1122 425 Fawell Blvd Glen Ellyn IL 60137	371151140-10
		Invoice No.
		9527181
		Date
		05/19/21
		Phone No.
		373764
		State Reg. No.
		019017516

REPRINT PRIME

Quantity	Msg	Product No	Size	Description	Unit Price	Extended Price
10	B*	3173210	300BX	GLOVE ULTRAFORM PF EXM XS UF-524-XS	53.85	538.50
10	B*	3173212	300BX	GLOVES ULTRAFORM PF EXAM S UF-524-S	53.85	538.50
10	B*	3173216	300BX	GLOVES ULTRAFORM PF EXAM L UF-524-L	53.85	538.50
*** No Returns on Infection Ctrl ***						
* SEPARATE SHIPMENT MESSAGES:						
A* ALTWHS B* BULK C* CONTROL D* DROP F* FRIG H* HAZARD M* MACHINE						
Subtotal:						1,615.50

3

DARBY DENTAL SUPPLY LLC
4460 E HOLMES ROAD SUITE 101
MEMPHIS TN 38118

Flat Rate Shipping:	
Tax:	
Total:	1,615.50

9527181

P/O 373764

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From: Conley, Cynthia <fiske@cod.edu>
Sent: Tue May 25 11:46:02 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Attached Image

[attachment: 0268_001.pdf]