

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1582970  
Vendor Name: Dentsply Sirona Inc  
Invoice Number: 46522781  
Invoice Date: 05/17/21  
PO Number: P0373062  
Check Number: 0281614  
Check Amount: \$ 184.68  
Check Date: 06/08/2021  
Department ID: 00153  
Reviewer Name:  
Voucher Number: V0679762  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

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From: Conley, Cynthia <fiske@cod.edu>  
Sent: Tue May 18 07:51:28 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: Attached Image  
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[attachment: 0255\_001.pdf]



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

Page 1 of 1	Invoice 46522781
Date 5/17/2021	

5/18

## Invoice

Invoice to: 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

**3 WAY MATCH**

Cust No. 204400	Shipped Via UPSGD	Order No. SO7548311	Sls No.	Delivery terms Destination	MFG	P.O. Date	P.O. No. 373062
Item number	Description		Quantity	Unit	Unit price		Amount
6631211020	PLEASE REFERENCE PO# 373062 ON ALL DOCUMENTS ATTN: CINDY CONLEY HSC 1122  <DRUG> ORAQIX GEL 20pk - COLLAR		4.00	EA	46.17		184.68
Batch number : XM405 Expiration date: 2023/10/30							
Commodity code: 3004909245 COO:							

\*\*\*To the extent required by law, buyer must (a) follow

\*\*\*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.\*\*\*

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

\*\*\*SUBTOTAL BY SBU\*\*\*  
Preventive - 184.68

Subtotal	184.68
Total Tax	0.00
Handling	0.00
Total	184.68
Paid Credit Card	0.00
Amount Due	184.68
Currency	USD

### IF PAID BY CC OR COD, DO NOT DUPLICATE PAY

Please Remit to Address below  
Dentsply Sirona Inc  
Dept.DNA  
P. O. Box 536935  
Atlanta, GA 30353-6935

Complete the following to charge your balance  
on:

- ( ) Mastercard  
( ) Visa  
( ) American Express  
( ) Discover

Card # \_\_\_\_\_

Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

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

Cust No.	Date	Invoice	Amount
204400	5/17/2021	46522781	184.68