

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087487
Vendor Name: Patterson Dental
Invoice Number: 3012947023
Invoice Date: 06/03/21
PO Number: B0370254
Check Number: E0085276
Check Amount: \$ 4,818.83
Check Date: 06/22/2021
Department ID: 00153
Reviewer Name: Jessica Lang
Voucher Number: V0686031
Redaction Type: None
Document Type: AP Invoice

Document Below



PATTERSON[®] DENTAL

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

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

Ship Date: Jun 02, 2021 9:02:11 PM
Invoice Date: Jun 03, 2021
Customer P.O.: BO 370 254
Shipped From:
Patterson Logistics Services, Inc.
7055 CLEVELAND RD
SOUTH BEND IN 46628-7724
US

INVOICE			
Order #	Pack Slip #	Invoice #	
0616467421	8014201252	3012947023	

Bill Cust #: 0200040696
Loyalty Status: Institution
Telephone: 630-616-8202
Representative: Anthony Skrobowski

Rx License #:

Practitioner:

Product #	Order #	Shipped Unit	Vendor	Vendor #	Description	Unit Price	Amount
70884650	5.00	5.00	PATTER	7-0884650	GLOVE PF LATEX ALOE & VIT E MEDIUM NATUR	\$ 11.80	\$ 59.00
76365977	1.00	1.00	SIRONA	314080	BITE BLOCK COVER HYG 500/PK	\$ 93.59	\$ 93.59
76616536	2.00	2.00	SCHICK	31074051	SCHICK AIMRIGHT RING AUTOCLAVABLE SYSTEM	\$ 54.71	\$ 109.42
70883330	1.00	1.00	PATTER	88-3330	FACE SHIELD CLEAR REF 100/PK	\$ 103.59	\$ 103.59

**INVOICE REVIEWED
OKAY TO PAY
JESSICA LANG 06/09/21**

**APPROVED
06/14/21 - LISA STOCK**

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. Manual checks may be converted and collected electronically.

Sub Total		\$ 365.60
Local Tax	0.00 %	\$ 0.00
State Tax	0.00 %	\$ 0.00
Shipping and Handling		\$ 6.47
Discount		\$ 6.47-
Total		\$ 365.60

From: Conley, Cynthia <fiske@cod.edu>
Sent: Tue Jun 08 08:44:20 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Attached Image

[attachment: 0283_001.pdf]

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 3012932205

Invoice Date: 06/03/21

PO Number: B0370254

Check Number: E0085276

Check Amount: \$ 4,818.83

Check Date: 06/22/2021

Department ID: 00153

Reviewer Name: Jessica Lang

Voucher Number: V0686032

Redaction Type: None

Document Type: AP Invoice

Document Below

PATTERSON DENTAL

COLLEGE OF DUPage-HYGIENE
DENTAL HYGIENE DEPARTMENT
425 FAWELL AVE
GLEN ELLYN IL 60137-7008
US

Customer #: 0200040696

Bill Cust #: 0200040696
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: Jun 2, 2021 2:24:02 PM
Invoice Date: Jun 3, 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 #
0616467421	8014201343	3012932205

INVOICE

Copy only 6/8/21

**INVOICE REVIEWED
OKAY TO PAY
JESSICA LANG 06/09/21**

**APPROVED
06/14/21 - LISA STOCK**

Product # 070838
Ordered 2.000
Shipped 2.000

Unit CS
Vendor PATTER

Vendor #
WEBSTAF

Description
TOWEL 3+1 POLY BIB 13 X 18 PEACH 500/CV

Unit Price \$ 22.49
Amount \$ 44.98

Total 2
Terms of Payment
Net due 60 days from invoice
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. Manual checks may be converted and collected electronically.

Sub Total	\$ 44.98
Local Tax	0%
State Tax	0%
Shipping and Handling	\$ 0.80
Discount	\$ 0.80
Total	\$ 44.98

From: Conley, Cynthia <fiske@cod.edu>
Sent: Tue Jun 08 09:03:15 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Attached Image

[attachment: 0285_001.pdf]

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087487
Vendor Name: Patterson Dental
Invoice Number: 3012976927
Invoice Date: 06/06/21
PO Number: B0370254
Check Number: E0085276
Check Amount: \$ 4,818.83
Check Date: 06/22/2021
Department ID: 00153
Reviewer Name: Jessica Lang
Voucher Number: V0686033
Redaction Type: None
Document Type: AP Invoice

Document Below

PATTERSON DENTAL

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

Customer #: 0200085769

Bill Cust #: 0200040696
Loyalty Status: Institution

Telephone: 630-616-8202
Representative: Anthony Skrobowski

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

Order #	Pack Slip #	Invoice #
0616467421		3012976927

INVOICE

Ship Date: Jun 2, 2021 12:56:14 PM

Invoice Date: Jun 6, 2021

Customer P.O.: BO 370 254

Shipped From:

Patterson Dental Supply, Inc.

1226 MICHAEL DRIVE SUITE G

WOOD DALE IL 60191-1005

US

**INVOICE REVIEWED
OKAY TO PAY
JESSICA LANG 06/09/21**

**APPROVED
06/14/21 - LISA STOCK**

Product #	Ordered	Shipped	Unit	Vendor	Order #	Description	Unit Price	Amount
705327	5.000	5.000	PAK	POS	VJO532747-PAT3	PK-100 ECON BAG TTHBRSH W/PASTE 9X13 9 X	\$ 31.45	\$ 157.25

We apologize if your invoice contains a product order that 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 resolve 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, and any necessary 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. Manual checks may be converted and collected electronically.

Sub Total	\$ 157.25
Local Tax	0%
State Tax	0%
Shipping and Handling	\$ 2.78
Discount	\$ 2.78

From: Conley, Cynthia <fiske@cod.edu>
Sent: Tue Jun 08 09:03:07 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Attached Image

[attachment: 0284_001.pdf]

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1087487

Vendor Name: Patterson Dental

Invoice Number: 3012333270

Invoice Date: 05/05/21

PO Number: P0373383

Check Number: E0085276

Check Amount: \$ 4,818.83

Check Date: 06/22/2021

Department ID: 00153

Reviewer Name:

Voucher Number: V0687026

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

And only 6/15/14

INVOICE

Order #	Pack Slip #	Invoice #
0615991841	8013723961	3012333270

PATTERSON
DENTAL

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

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

Customer #: 0200085769
Bill Cust #: 0200040696
Loyalty Status: Institution

Telephone: 630-616-8202
Representative: Anthony Skrobowski

Ship Date: May 5, 2021 7:33:58 AM
Invoice Date: May 5, 2021
Customer P.O.: 373383
Shipped From:
Patterson Dental Supply, Inc.
1226 MICHAEL DRIVE SUITE G
WOOD DALE IL 60191-1005
US

Dr. J. V.
6/1/14
6/1/14

3 WAY MATCH

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
101575398	1.000	1.000	EA	PROGNY	P7017-P	PREVA DC X-RAY 76", DOUBLE STUD Serial # L1092750	\$ 4201.00	\$ 4201.00

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. Manual checks may be converted and collected electronically.

Sub Total	\$ 4201.00
Local Tax	\$0.00
State Tax	\$0.00
Freight	\$ 50.00

Total 1 1
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	\$ 4251.00
-------	------------

From: Conley, Cynthia <fiske@cod.edu>
Sent: Tue Jun 15 08:41:49 CDT 2021
To: invoicing@cod.edu
CC:
Subject: Attached Image

[attachment: 0296_001.pdf]