

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1087487
Vendor Name: Patterson Dental
Invoice Number: 3017981196
Invoice Date: 2/21/2022
PO Number: B0000322
Check Number: E0088575
Check Amount: \$ 139.89
Check Date: 03/09/2022
Voucher Number: V0730308
Document Type: AP Invoice

Document Below

PATTERSON DENTAL

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

Customer #: 0200085769 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: Feb 21, 2022 7:15:12 PM
Invoice Date: Feb 21, 2022
Customer P.O.: BO 000322
Shipped From:
Patterson Logistics Services, Inc.
7055 CLEVELAND RD
SOUTH BEND IN 46628-7724
US

Copy sent 2/22/22

INVOICE

| Order # | Pack Slip # | Invoice # |
|------------|-------------|------------|
| 0618160096 | 8018453109 | 3017981196 |

| Product # | Ordered | Shipped | Unit | Vendor | Vendor # | Description | Unit Price | Amount |
|---|---------|---------|------|--------|------------|--|------------|----------|
| 71034610 | 10.000 | 10.000 | EA | ADEC | 11-1284.01 | SOLIDS TRAP SCREEN 10/PK | \$ 8.95 | \$ 89.50 |
| 75552882 | 1.000 | 1.000 | PAK | PASCAL | 15-260 | CITRIZYME POWDER DUAL EZYMATIC CLEANER | \$ 50.39 | \$ 50.39 |
| <p>Total 11 11</p> <p>Sub Total \$ 139.89</p> <p>Local Tax 0% \$0.00</p> <p>State Tax 0% \$0.00</p> <p>Shipping and Handling \$ 11.99</p> <p>Discount \$ 11.99-</p> <p>Total \$ 139.89</p> | | | | | | | | |

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 Medicaid, Medical, 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.

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



"Conley, Cynthia" <fiskc@cod.edu>

Attached Image

"Conley, Cynthia" <fiskc@cod.edu>

Tue, Feb 22, 2022 at 09:00 PM GMT

CC:

BCC:

1 attachment

0911_001.pdf